

# **Contents**

HPB's Vision, Mission and Values	04
Chairman's Message	06
CEO's Message	08
Board of Directors	10
HPB Leadership	12
Empowering Individuals	14
Deepening Focus on the Young	38
Expanding Outreach to the Workforce	58
Leveraging Technology to Inspire Healthy Living	68
Inspiring Our People	74
Corporate Governance	82
Annual Financial Statements	83
Acknowledgements	119









# **Vision**

A nation of healthy people

# **Mission**

Empowering individuals to take ownership of their health through:

- Being a centre of excellence for health promotion, disease prevention and patient education
- Establishing, engaging and supporting local and international partnerships
- Being a people-centred organisation that inspires and enables our employees to realise their full potential

# **Our Values**

We live our core values as One HPB



## **People-Centricity**

Care for people; inspire healthy living



### **Innovation**

Dare to try; learn quickly



### **Excellence**

Do our best; keep getting better



CHAIRMAN'S MESSAGE

# **Nurturing a Healthy Nation**

Since being appointed Chairman of the Health Promotion Board (HPB) in April 2017, I have had an eventful and meaningful involvement in the HPB's journey to promote healthy living among Singaporeans.

We have continued to evolve our approach to enabling Singaporeans to live healthily, moving beyond raising awareness on healthy living to employing insights and analytics to influence a sustained behaviour change.

This has shown good results, drawing increased interest and participation in our programmes. I am encouraged by the strong response from the public to our HPB initiatives and our increasing reach to encourage more and more Singaporeans to lead healthier lives.

#### **Celebrating healthy living together**

One initiative that stood out for me in my first term as Chairman, was the Healthy Lifestyle Festival SG which attracted over 160,000 attendees.

Since its inception in 1992, the annual event has been an important part of our efforts to bring our messages of healthy living to the community and it was especially heartening to have President Halimah Yacob join us in our 2017 festival.

The President's attendance was a strong testament to the importance Singaporeans should place on healthy living and taking charge of our health. Through the month-long festival, Singaporeans came together to learn about the healthy living options within their reach and keeping healthy as they go about their daily activities.

## **Building on our momentum to promote healthy living**

Making healthy living accessible and part of everyday environments is key to encouraging Singaporeans to make better choices and adopt the right behaviours.

Targeting the places where Singaporeans live, work and play, we have ramped up our efforts to make healthier choices more accessible, and better yet, the default choice.

This extends to choices in our diet. We have been extending our Healthier Dining Programme to include hawker centres and coffee shops. HPB has identified more than 70 types of everyday hawker fare that are lower in calories and healthier. In 2017, a total of 4,600 hawker centre and coffee shop stalls came on board the programme.

In tandem, the Whole-of-Government Healthier Catering and Healthier Drinks policies were introduced to make healthier food and drinks the default option in government premises and at government-organised events.

## Leveraging technology for a healthier Singapore

To continuously innovate our approach to health promotion, we harness data analytics, tap into behavioural insights and leverage technology. With this, we are able to design and implement nation-wide programmes that resonate with Singaporeans and effect positive change.

This can be seen in the growing interest in the National Steps Challenge™, the first of its kind national-level pedometer and app-based programme to encourage physical activity. Since its inception in November 2015, the Challenge has attracted over 1 million sign-ups across three seasons. In Season 3 alone, which was launched in October 2017, we garnered more than 690,000 sign-ups.

Our health promotion apps and portal have also gained good traction. The Healthy 365 mobile application, enabling the tracking of physical activity and diet, has attracted over 1.3 million users as of March 2018. About 270,000 Singaporeans have also downloaded the HealthHub app to receive health information and use online services to better manage their health condition, and we have continued to enhance the portal with new features.

Looking at all these developments, it is clear that HPB stands at the cusp of a truly exciting era. The possibilities of growing our efforts in the types of programmes we develop, the environments that we shape, and the platforms that we leverage, are boundless. I am excited at the many opportunities we have ahead to encourage a nation to live healthy.

Philip Lee Chairman Health Promotion Board



CEO'S MESSAGE

# Nudging a Population to be Healthy

Promoting healthy living in Singapore requires nudging a population to make the right lifestyle choices. As the lead agency for health promotion, we have translated this into creating opportunities for every Singaporean to live healthily.

By shaping the environment to encourage well-informed choices and healthy behaviours, Singaporeans can be empowered to own their health, increase their quality and years of healthy life, and keep chronic diseases at bay.

#### **Early detection for good health**

A main focus in 2017 continued to be the fight against diabetes, a serious health challenge in Singapore. Today, about 440,000 Singaporeans have diabetes and one in three have a lifetime risk of developing diabetes.

As part of our efforts to go upstream in preventing the disease, a Diabetes Risk Assessment tool was launched. The simple test, targeted at those aged 18-39 years, assesses current risk of undiagnosed diabetes, encouraging those at higher risk to go for health screening.

This was augmented with the introduction of enhanced subsidies for the Health Promotion Board's (HPB) national screening programme, Screen for Life. At a nominal fee of \$\$5 or less, eligible Singaporeans are encouraged to go for recommended health screenings and post-screening follow-up consultations at Community Health Assist Scheme (CHAS) General Practitioner clinics.

## Making healthy choices more accessible

In helping Singaporeans lead lives free from diabetes and other chronic diseases, encouraging healthy eating remains a key focus for us.

We have continued to expand our Healthier Dining Programme in collaboration with food and beverage operators. Lower-calorie meals and healthier ingredients, such as wholegrains, fruits, and vegetables, now feature on menu offerings in food and beverage outlets island-wide. The number of healthier meals sold under the programme increased from 7.5 million in FY2014 to 50 million in FY2017.

Tackling healthy eating at the source, the Healthier Ingredient Development Scheme was introduced in July 2017 to support food ingredient manufacturers and suppliers in developing a wider variety of healthier ingredients. These have been expanded from cooking oils to wholegrain options such as rice and noodles, with the scheme also promoting the uptake of these ingredients in the food service market.

To grow consumer awareness and receptiveness to healthier alternatives, a year-round Eat, Drink, Shop Healthy Challenge was launched, rewarding consumers for choosing healthier items in restaurants, food courts and supermarkets.

# **Working hand-in-hand for health promotion**

Working with external partners to bring health-promoting initiatives to Singaporeans is central to the success of our efforts. By leveraging the networks and expertise of our private and public sector partners, we are able to broaden our programmes in the community, schools and workplaces.

To scale up our reach to the working population, in 2017, we moved beyond partnering landlords and developers to joining forces with the Singapore National Employers Federation and Orchard Road Business Association, to bring our programmes to the doorsteps of workers. This enabled us to roll out health promotion initiatives for workers in Singapore's core Central Business District as well as our largest lifestyle destination, Orchard Road.

To inculcate healthy eating from an early age, we continued to partner the Ministry of Education, schools, and childcare centres, to provide our young with healthier meals. All mainstream schools are now on board our Healthy Meals in Schools Programme and in pre-schools, as of March 2018, 1,040 are already providing healthier meals, benefitting 79,040 pre-schoolers.

To rally communities to get active, we created a first ever Community Challenge within the third season of the National Steps Challenge™, working across the 89 constituency divisions in Singapore. More than 48,000 Singaporeans joined in this Community Challenge to clock more steps for a good cause.

The strong support from all our partners has enabled us to extend and deepen our health promotion efforts. With the ability to influence the choices and lifestyles of more and more Singaporeans, healthy living will be an increasingly pervasive and well-integrated way of life for everyone.

AS

Zee Yoong Kang Chief Executive Officer Health Promotion Board



BOARD OF DIRECTORS

# **Board of Directors**



**Mr Philip Lee** Chairman Health Promotion Board Vice Chairman, South East Asia/ Chief Country Officer, Singapore Deutsche Bank AG



**Mrs Quek Bin Hwee** Former Vice Chairman (Markets and Industries) PricewaterhouseCoopers LLP



Chief Executive Officer Singapore General Hospital

Mr Vivakanadan s/o Sinniah<sup>2</sup> **Executive Chairman** PSB Academy





**Mr Lim Teck Yin** Chief Executive Officer Sport Singapore

**Prof Chia Kee Seng** Saw Swee Hock School of Public Health National University of Singapore (till 31 Dec 2017) Professor





**Dr Intan Azura Bte Mokhtar** Member of Parliament Ang Mo Kio GRC **Assistant Professor** Design & Specialised Businesses Cluster Singapore Institute of Technology (w.e.f. 1 July 2017)







HPB LEADERSHIP

# **HPB Leadership**





Ms Chung Mui Ken
Chief Information Officer
Chief Information
Officer's Office



Ms Michelle Lim
Director
Finance and
Administration Division





Mr Sim Beng Khoon
Director
Workplace Health and
Outreach Division



Dr Shyamala Thilagaratnam Director Regional Health and Community Outreach Division



Dr Chew Ling
Director
Insights, Innovation
and Planning Division



**Dr Annie Ling**Director
Policy, Research and
Surveillance Division







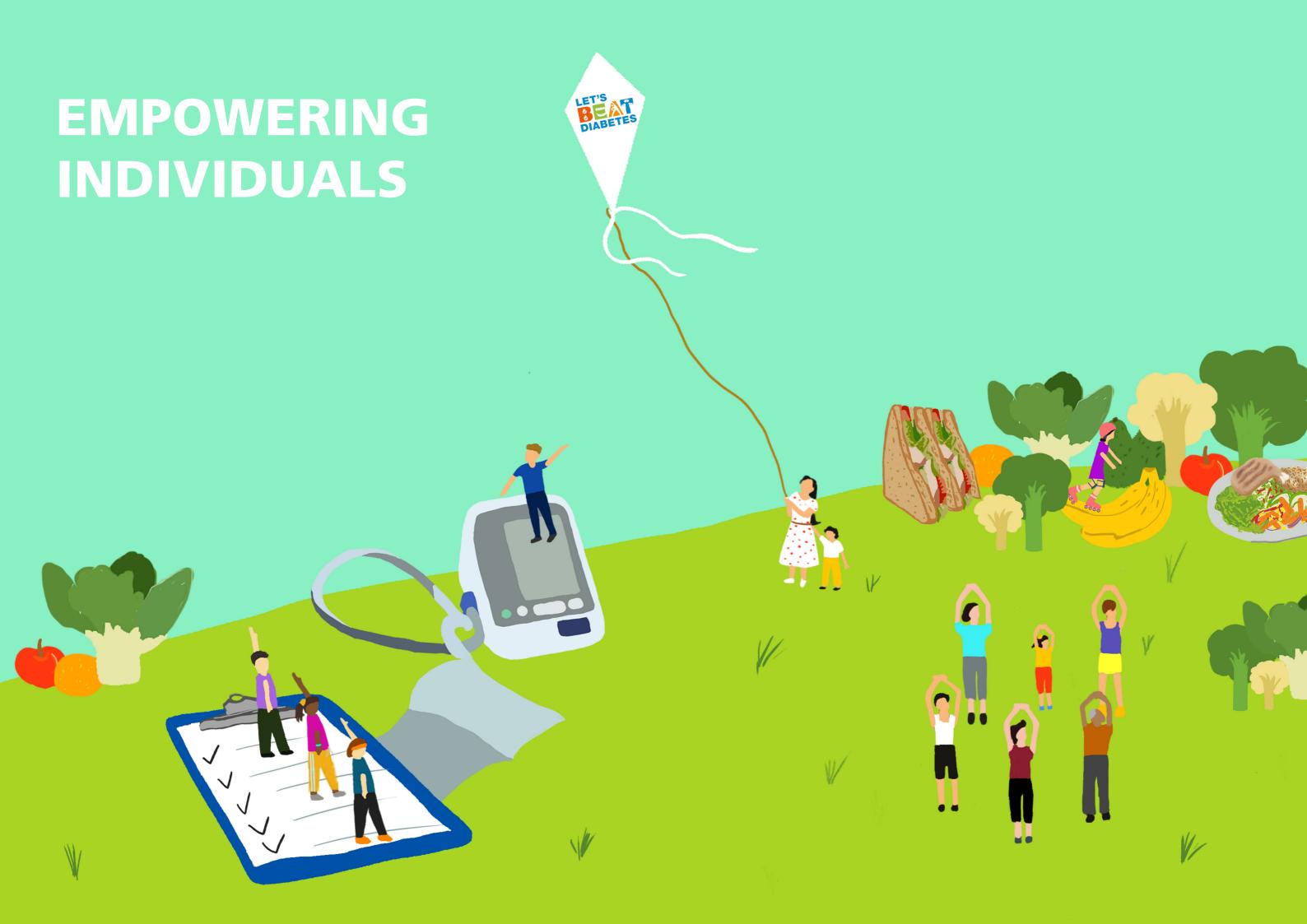


Ms Lek Yin Yin
Director
Human Resources
and Organisation
Development Division



**Ms Marissa Wong**Director
Corporate Communications
Division





# **Extending Healthier Food and Dining Options in the Community**

The Health Promotion Board (HPB) seeks to encourage healthier eating both by nudging the population through awareness building, and making healthier choices more widely available across the supply chain. In recent years, HPB's strategy of moving upstream has gained traction. Besides supporting the food industry in developing and using healthier ingredients, HPB has expanded the availability of healthier food products, and healthier dining and catering options, making healthy eating more pervasive.

#### **Healthier Dining Programme**

Under the Healthier Dining Programme, as of March 2018, HPB has partnered more than 180 food and beverage operators, with 2,200 touchpoints island-wide, to offer lower-calorie options of 500 calories or less and healthier ingredients such as wholegrains, healthier cooking oils, fruits and vegetables as part of permanent core menu offerings. These partners can be identified by the Healthier Dining Programme visual identifiers on their store fronts.

In December 2016, the Healthier Dining Programme was extended to hawker centres and coffeeshops, with each stall at all new hawker centres offering at least one healthier option.



The Healthier Dining Programme has been extended to hawker centres and coffeeshops



By December 2017, 52 per cent of all hawker centres and coffeeshops outlets in Singapore had come on board the programme. This translates to a total of 4,600 food and beverage stalls across Singapore, from 72 hawker centres and 600 coffeeshops, serving at least one healthier option.

In extending the Healthier Dining Programme to hawker centres and coffeeshops, HPB identified categories of food that are lower in calories and worked with stall-owners to label these dishes with the 'Lower in Calorie' visual identifiers.

Dishes prepared with healthier ingredients, like wholegrain options and healthier oils, were also tagged, and beverage stalls had visual cues such as 'Ask for lower-sugar options' to nudge consumers to order drinks with lower or no sugar.

Through these efforts, the number of healthier meals sold in Singapore increased from 7.5 million in FY2014 to 50 million in FY2017.

The Healthier Dining Programme has made its way into the hawker centres and more people are now able to make informed choices when they order their meals at affordable prices. The discount coupons that customers receive from HPB nudge them to try out the dishes that are lower in calories. We hope to work more closely with HPB to increase the uptake of healthier meals and beverages at the hawker centres.

- Mr Vincent Cheong, Corporate Communications, Kopitiam

#### **Healthier Choice Symbol**

To empower Singaporeans to make informed choices during grocery shopping, HPB works with the food industry to label pre-packaged food products that are healthier, through the implementation of the Healthier Choice Symbol programme.

Efforts in recent years have been focused on encouraging food manufacturers to reformulate their products and partnering retail chains to increase the selection, availability and accessibility of healthier alternatives for consumers, and to raise the affordability of healthier products in the mass market.

Since the inception of the programme, HPB has increased the number of Healthier Choice Symbol products from the initial 300 in 2001 to over 3,500 across 70 food categories in 2017. New wholegrain products have also been launched by the Healthier Choice Symbol partners in various categories such as breads, beverages, noodles and ready-to-eat meals.



The Healthier Choice Symbol guidelines are revised regularly to ensure that they remain relevant amid evolving consumption trends and wider health needs and priorities. In April 2017, the guidelines for wholegrain content in wholegrain noodles was revised from 8 per cent to 15 per cent, with industry compliance required by March 2018.

The 'Low Glycemic Index' guidelines under the programme has also been expanded from the cereals category to include legumes, nuts and seeds as well as convenience meals to widen the Healthier Choice Symbol range.

To increase the availability of affordable healthier options, HPB worked with supermarket chains to increase the variety and take-up of their Healthier Choice Symbol house-brand products which range from oats, brown rice and bread, to eggs and oil.

The market share of the Healthier Choice Symbol products increased from 15 per cent in 2012 to 23 per cent as at September 2017. This puts HPB on course to achieve the target of 25 per cent market share for the Healthier Choice Symbol products by 2020.

The partnership with HPB allows us to do more in promoting healthy living among consumers with our wide product offerings ranging from tofu to drinks, encompassing both our brands Vitasoy and Unicurd. With 95 per cent of our products bearing the Healthier Choice Symbol logo, we are presented with opportunities to collaborate with HPB. We are delighted to work together with HPB as this is very much aligned to Vitasoy's core values of taste and nutrition.

- Ms Suzana Jorami, Marketing Manager, Unicurd Food Company



#### **Eat, Drink, Shop Healthy Challenge**



Complementing HPB's programmes and policies is the Eat, Drink, Shop Healthy Challenge nation-wide campaign. On 1 August 2017, HPB rolled out the three-month long campaign in collaboration with 128 food and beverage operators and retail partners.



The campaign made use of a new loyalty rewards system and the Healthy 365 mobile application to nudge Singaporeans towards purchasing healthier food, beverage and products.

Participants who chose healthier options could scan QR codes to earn Healthpoints on the Healthy 365 mobile application and use them to redeem rewards such as supermarket and dining vouchers.

To enable this, HPB collaborated with food and beverage operators and retail partners to enhance their Point-Of-Sale Systems to automatically print QR codes on receipts whenever a healthier option is purchased. The number of participating touchpoints for the campaign grew 25 per cent from 2,385 in 2016 to 2,981 in 2017.

The Eat, Drink, Shop Healthy Challenge attracted 328,000 sign-ups within three months of its launch, of which more than half were new users to the Healthy 365 mobile application. More than 3.6 million QR codes were scanned, for the purchase of more than 1 million food items, over 698,000 beverages and over 3 million Healthier Choice Symbol products.

#### **Healthier Ingredient Development Scheme**

To increase the availability of healthier foods, HPB announced in 2017, the investment of \$20 million over three years, from July 2017, to support food manufacturers under the Healthier Ingredient Development Scheme.

Launched in July 2017, the Healthier Ingredient Development Scheme encourages food manufacturers to develop healthier cooking oils and wholegrain options, that cater to local palates, and support the uptake of these ingredients in the food service market. The aim is to reduce Singaporeans' intake of saturated fat and increase the consumption of wholegrains.

As of March 2018, HPB approved 14 applications – seven for healthier oil, five for wholegrain noodles products, and two for wholegrain rice. Together, they offer 37 healthier choice products, sold at over 2,000 food and beverage establishments.

The healthier ingredients developed under the scheme will be eligible for the Healthier Choice Symbol on their product packaging.



Senior Parliamentary Secretary for Health, Amrin Amin, at the Halal Food & Beverage Industry Networking Event

Qualifying food and beverage outlets that purchase these ingredients can also be tagged with healthier ingredient visual cues, such as the 'We serve wholegrain options' identifier on their store front to allow consumers to easily identify healthier options.

Besides research and development, the Healthier Ingredient Development Scheme also encourages manufacturers to invest in marketing and trade promotion efforts to increase the uptake of healthier ingredients.

HPB is also actively linking up healthier ingredient suppliers with food and beverage operators to drive demand and promote uptake by the food and beverage industry. In November and December 2017, two networking events were held for healthier ingredient suppliers and 50 halal food and beverage operators.

A media visit was also organised to noodles manufacturer Leong Guan Food Manufacturer Pte Ltd in December 2017 to showcase how the company successfully expanded their range of wholegrain noodles with the support of the Healthier Ingredient Development Scheme.

## Increasing the availability of healthier food options

To increase the availability of healthier food options for Singaporeans, HPB partnered Singapore Polytechnic's Food Innovation Resource Centre to develop diabetic-friendly noodle prototypes.

An example was the development of a yellow hokkien noodle which incorporates beta-glucan, a soluble fibre commonly found in oats and barley that has proven benefits in lowering cholesterol and stabilising blood glucose levels.

The prototypes were launched during an industry dialogue in September 2017 which was attended by then Senior Minister of State for Health, Chee Hong Tat, and Senior Parliamentary Secretary for Health, Amrin Amin, as well as eight noodle manufacturers who together represent at least 60 per cent of the fresh noodles market in Singapore.

The prototypes can be further developed by noodle manufacturers and packaged into consumer-friendly products, not just for the Singapore market but for the overseas market as well. Major noodle manufacturers such as Leong Guan Food Manufacturer Pte Ltd have already adopted the prototypes for further research and development, with a view to expand their range of healthier products.



Former Senior Minister of State for Health, Chee Hong Tat, tasting the diabetic-friendly noodles

# **Whole-of-Government Healthier Catering and Healthier Drinks policies**

To increase the prevalence of healthier eating, HPB effected the Whole-of-Government Healthier Catering and Healthier Drinks policies in 2017. The public sector took the lead to make healthier eating the norm in the community and the workplace by adopting HPB's catering guidelines and drinks policy.

Under these policies, public agencies provide healthier catering as the default choice at government-organised functions and events, and offer lower-in-sugar drinks at public sector-run premises such as parks, community centres and sport facilities.

Wholegrain options are provided in place of refined starchy staples and caterers have to use healthier cooking oils and restrict the number of deep-fried items. Drinks must also have lower sugar content and no sugar will be pre-added for freshly prepared hot coffee and tea.

The Healthier Catering Policy was introduced in April 2017. It is estimated that more than 55,000 healthier meals are now served across public sector-related events and Singapore Armed Forces cookhouses each day.

Since November 2017, government agencies have progressively incorporated healthier drinks requirements in the new tenancy agreements for retail and food and beverage outlets and drinks vending machines. By May 2018, all drinks sold at government premises are required to be lower-in-sugar by default.

I didn't realise that today's catering was healthier at first as I imagined that healthier catering will mostly consists of vegetables, so it's surprising to see a wide variety of food here! I think this is the first step to get myself to start eating healthier food.

- Mr Lim Yusen, Senior Assistant Director, Centre for Liveable Cities

# **Stepping Up to Healthy Living**

One of the focus in promoting healthy living is to encourage more Singaporeans to exercise regularly and keep active. The Health Promotion Board (HPB) nudges Singaporeans to be more physically active through a wide range of physical activity programmes across the island, catering to people of varying fitness levels.

#### National Steps Challenge™

Riding on the success of the first two seasons, HPB launched Season 3 of the National Steps Challenge™ in October 2017. New features were introduced to sustain interest in the programme and motivate Singaporeans to continue to lead a more active lifestyle.

A key highlight was the Community Challenge 2017, which rallied communities from the 89 constituency divisions in Singapore to clock steps and to raise funds for the President's Challenge 2018.

More than 48,000 participants from different constituency divisions, religious organisations, grassroots, voluntary welfare organisations and HPB interest groups joined the Challenge. By the end of the Challenge, a total of \$143,000 was raised, with almost half of the constituency divisions achieving an average of at least one month of 10,000 steps or more per day.

Besides getting Singaporeans to take more steps for a good cause, HPB also introduced new features to motivate completers of the Challenge in Season 2 to move towards higher intensity workouts in Season 3. The 26,000 completers, who unlocked all six tiers of sure-win rewards in Season 2, were provided steps trackers with heart rate monitoring function to track the intensity levels of their physical activity. They also participated in the Pledge & Win Challenge, which incentivised them to clock 10,000 to 15,000 steps daily over a stipulated number of days.

To encourage participants to remain active after the official Challenge period, HPB introduced a Scan & Win programme, available all year round. It cultivates participants' walking habits by nudging them to take more steps to scan QR codes found in public places such as parks and malls within residential and work areas. Through these scans, participants can earn Healthpoints which can be used to redeem rewards.





ANNUAL REPORT 2017/2018

#### **Lose to Win® Challenge**

Another initiative by HPB to nudge Singaporeans towards a healthier lifestyle is the Lose to Win® Challenge. It is aimed at encouraging adults with unhealthy body mass index to participate in a 12-week programme to lose weight healthily by becoming more physically active and adopting healthier eating habits. The programme is designed to help participants develop a healthier lifestyle that they can sustain after completing the programme.

Conducted in various locations across Singapore, the programme consists of activities such as group exercises, knowledge sharing on nutrition and a sustainable healthy lifestyle, as well as peer-to-peer motivation throughout the weight management journey.

Using HPB's Healthy 365 mobile application, participants are also empowered to take charge of their health by recording their steps count and food intake, and monitoring their own progress.

A total of 2,056 participants from various zones in Singapore signed up for the Lose to Win® 2018 Challenge in January 2018.



**12,690** participants signed up for Lose to Win® since 2009

## Making physical activity accessible to all

To encourage busy Singaporeans to increase their levels of physical activity, HPB organises a wide range of free community exercise programmes with workouts of different intensities and at different times, to meet varied needs.

One popular programme is Sundays @ The Park, which features free weekly workouts at the parks in heartlands. The programme not only encourages families and friends to get together, but also normalises the concept of using available public spaces for all to stay active.

Launched in 2014, Sundays @ The Park offers popular workouts such as Zumba, KpopX Fitness, Piloxing, Kickboxing and Masal Bhangra, to get participants to be more physically active and energised while having fun.



Participants taking part in a Sundays @ The Park workout

To increase Singaporeans' access to more physical activities, HPB extended the programme to more parks. In 2017, 90 weekly sessions were held at 87 parks island-wide, attracting an attendance of over 148,000 participants.

Apart from weekly workouts at neighbourhood parks, HPB also organises the Community Physical Activity Programme, which offers the general population and senior citizens various types of exercises with different levels of intensity, so that different segments of the population can be physically active.



The programme consists of popular group exercises such as Zumba Gold, Bokwa and Qigong. Its reach grew from 25 sites in 2015 to 496 sites in 2017, with the workouts attracting an average of 25 residents per session.

FIT+, a 12-week group-based exercise, was introduced in 2016 to help seniors maintain and improve their strength, balance and flexibility. In 2017, the programme reached out to over 5,000 seniors.

In October 2017, HPB also scaled up the Active Men programme and renamed it as QuickHIIT. The revamped workout programme provides adult men of all fitness levels with opportunities to engage in high-intensity workouts in parks, stadiums and other community locations islandwide. It introduces participants to functional fitness through a weekly high-intensity group exercise session led by professional trainers.

With the scale-up, QuickHIIT was made available at more venues. HPB increased the number of locations from two to ten sites with the addition of Tiong Bahru Park, East Coast Park, Anchorvale Community Club, Punggol Town Square, Bukit Gombak, Woodlands and Yio Chu Kang Stadiums and the Sports Hub 100Plus Promenade.

The workouts, which were originally held only on Sundays, were also extended to weekday evenings. In the month after the revamp, the attendance at the existing sites grew by over 50 per cent and 1,646 new participants had joined the session as at March 2018.

The sessions were good.
Working out with people of a same age group with a common objective was encouraging.

- Mr Eric Lim, participant of QuickHIIT

# **Making Screening Easier**

Health screening is key to early detection and treatment of diseases, in order to achieve better health outcomes. To drive this, the Health Promotion Board (HPB) is constantly seeking ways to make health screening accessible and affordable to all, to ensure that major illnesses such as diabetes and various cancers are more effectively managed across the population.

#### **Screen for Life**

Screen for Life has been enhanced to encourage more Singaporeans to go for regular health screening and follow-up.

From 1 September 2017, in addition to Pioneer Generation and Community Health Assist Scheme (CHAS) cardholders, all other eligible Singaporeans were provided access to subsidised screening and follow-up at a low, fixed fee at all CHAS General Practitioner clinics. By making screening more affordable and accessible, the enhanced Screen for Life subsidies aim to encourage more Singaporeans to go for recommended screening and follow-up consultations. This is important as treatment is more effective when conditions are detected and treated early.



I'd like to commend and thank the Ministry of Health and HPB for starting this initiative to nudge our elderly to go for health screening. We had been trying to persuade my mother to get screened for the longest time, but made no progress until she received the invitation letter to go for screening, which not only informed her of the subsidy but provided her a list of nearby clinics for her convenience. I must say that this was really helpful.

- Daughter of a Singaporean who received the enhanced Screen for Life subsidies

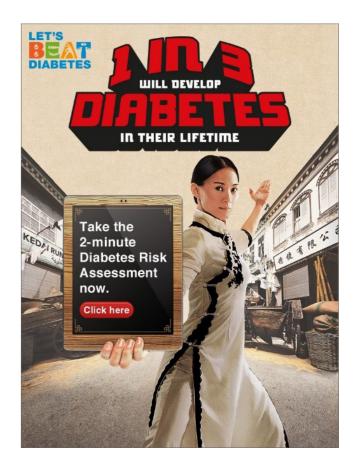
#### **Diabetes Risk Assessment tool**

As part of the ongoing nationwide effort to beat diabetes, the Diabetes Risk Assessment tool was introduced in September 2017 to help younger adults aged 18 to 39 years assess their risk of developing diabetes. Based on the assessment, individuals are advised whether to go for follow-up screening.

The evidence-based self-administered tool, which was developed based on local data, comprises questions on parameters such as age, gender, family history, body mass index, known hypertension and gestational diabetes.

Individuals who are found to be at higher risk of developing diabetes will receive an e-invitation to go for screening at Community Health Assist Scheme (CHAS) General Practitioner clinics at subsidised rates under the enhanced Screen for Life programme.

To encourage Singaporeans to assess their risk, some 200 roadshows were conducted at various community locations, reaching out to over 179,000 individuals.



25



Minister for Health, Gan Kim Yong, at the launch event for the Diabetes Risk Assessment tool

#### Promoting Cancer Screening through Awareness, Accessibility and Affordability

HPB works with partners and volunteer welfare organisations to raise awareness on the need for cancer screening, improve access to screening services and make cancer screening more affordable.

#### Women's Gynaecological Cancers Awareness Month 2017

An initiative by Singapore Cancer Society, the Gynaecological Cancers Awareness Campaign, which was held from May to August 2017, was supported by HPB. The campaign aimed to create greater awareness of gynaecological cancers such as uterine, ovarian and cervical cancers, among women between 25 and 69 years old. A total of 13,000 women were screened for cervical cancer at the Singapore Cancer Society Multi-Service Centre and 173 participating General Practitioner clinics island-wide. To broaden access to screening and make it more affordable, Pap test is also available at Community Health Assist Scheme (CHAS) clinics under HPB's enhanced Screen for Life programme.

The Women's Gynaecological Cancers Talk & Workout, which aimed to raise cancer awareness amongst women, was attended by 400 women.

#### **Breast Cancer Awareness Month 2017**

An initiative supported by HPB, the Breast Cancer Awareness Month is held yearly in October. In 2017, a Pink Ribbon Launch Party was organised to promote healthy living through exercise and nutrition and to encourage women to get screened in the community and heartlands. The event attracted close to 1,000 participants.

The initiative aims to encourage women to learn how to recognise signs and symptoms of breast cancer, perform self-examination once every month and go for regular mammogram screening with follow-up.

The Singapore Cancer Society held its Breast Cancer Awareness campaign from October 2017 to January 2018.

#### Breast Cancer Foundation Encouragement for Active Mammograms 15 (BEAM15)

To ensure that more women have access to affordable screening, the Breast Cancer Foundation Encouragement for Active Mammograms 15 (BEAM15) initiative provides fully funded screening mammograms for Singaporean women between 50 and 69 years old, who have valid Community Health Assist Scheme (CHAS) cards, and have never had screening mammograms done or whose recent mammogram was more than two years ago.

HPB has been collaborating with the Breast Cancer Foundation since 2013. The screenings were held at 18 screening centres in polyclinics across Singapore as well as in the mammobus, a roving mobile breast cancer screening service.

# 13,000 women screened for Cervical Cancer 7,000 women screened for Breast Cancer Over 12,500 women benefitted from BEAM15 70,000 people screened for Colorectal Cancer

#### **Colorectal Cancer Awareness Month 2017**

As part of the Colorectal Cancer Awareness campaign held from March to December 2017, free faecal immunochemical test (FIT) kits were distributed at retail outlets and polyclinics to encourage more people to screen for the disease.

The FIT kits are also available at Community Health Assist Scheme (CHAS) clinics under HPB's enhanced Screen for Life initiative.

A public forum on colorectal cancer attracted 1,900 participants and a 'Get Fit with the Singapore Cancer Society' mass walk was also organised to raise awareness of colorectal cancer.



# **Keeping Health Top of Mind**

Effective health management starts with an awareness on the importance of good health and how it can be better managed through healthy living habits. The Health Promotion Board's (HPB) initiatives for the community focus on equipping Singaporeans with information and practical takeaways to ensure that healthy living remains top of mind.

#### **Healthy Lifestyle Festival SG**

Healthy Lifestyle Festival SG is HPB's annual flagship event aimed at fostering a community that embraces healthy living. The fun-filled carnival showcases various healthy living options to highlight how a healthy lifestyle is both rewarding and attainable, regardless of age.



The festival offers a host of hands-on, interactive and customised activities with healthy living as the focal theme

With the theme 'Fun, Games and Healthy Living', the 2017 festival was held over three weekends from September to November, bringing HPB's message to major heartlands including Jurong East, Tampines and Punggol, before culminating in a grand finale at the Singapore Sports Hub and the Kallang Wave Mall. The festival reached out to over 160,000 visitors in total.

The grand finale event featured three main zones – 'Kidtopia' for children to learn about healthy habits through play, 'Midville' for adult participants to get tips to make nutritious and delicious dishes and learn how to incorporate physical activity into their daily routine, as well as 'Golden City', where seniors received tips on preventing falls and information on dementia.

More than 30 public and private sector partners took part in the festival, offering participants a variety of activities such as sports try-outs, fun bike rides, sampling of healthier food and drink options, and mass workouts.

In a first for HPB, the event won awards for Best Event – Exhibition (Silver) and Best Event – Government Sector (Silver) at the Marketing Events Awards 2017.



President Halimah Yacob joining some seniors in simple sit-down exercises at the Healthy Lifestyle Festival SG

#### **Diabetes Prevention Programme**

The Diabetes Prevention Programme is a 12-week programme aimed at helping people with pre-diabetes achieve better blood sugar control and sustain healthy lifestyle practices to prevent or delay the progression to Type 2 diabetes.

The first six weeks of the programme comprises a goal-setting workshop, two nutrition workshops and nine exercise sessions. The next six weeks is a self-guided phase, where participants are encouraged to continue leading a healthy lifestyle by applying the knowledge and skills learnt in the six-week programme. Monthly SMS health tips are also sent to participants to motivate them to maintain their healthy living habits. Participants undergo an Oral Glucose Tolerance Test at the end of one year to assess whether their condition has improved.

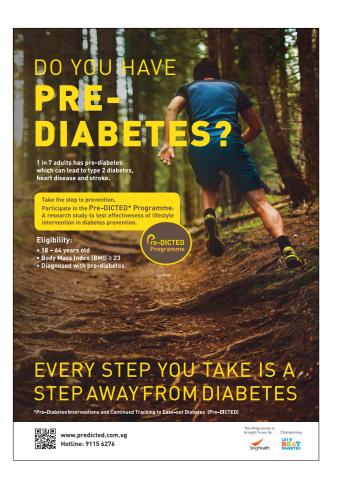
Since its introduction in 2015, 190 individuals have benefitted from the Diabetes Prevention Programme. Of those who returned for the Oral Glucose Tolerance Test, more than half were found to have achieved normal glucose levels one year after intervention and 8 per cent progressed to diabetes. In addition, of the 41 per cent remaining people with pre-diabetes, 59 per cent of these participants showed improvement in their blood glucose levels after one year.



Participants working out as part of the 12-week Diabetes Prevention Programme

In November 2017, HPB collaborated with SingHealth's Pre-Diabetes Interventions & Continued Tracking to Ease out Diabetes (PRE-DICTED) programme to enrol more than 400 pre-diabetic participants in the Diabetes Prevention Programme to reduce their risk of developing diabetes. PRE-DICTED aims to understand the effectiveness of the Diabetes Prevention Programme by administering lifestyle and pharmacological interventions to participants in the treatment group, and monitoring the diabetes conversion rate for a period of three years.

Insights from the programme were also incorporated into the Ministry of Health's Appropriate Care Guide on Managing Pre-Diabetes, published in July 2017. The guide complements existing Diabetes Clinical Practice Guidelines and equips clinicians with a systematic way to improve the follow-up with pre-diabetics. It covers lifestyle interventions such as a healthy diet and increased physical activity, as well as ways to effect sustained behavioural changes.



#### F.I.G.H.T. campaign

The spread of infectious diseases such as influenza and Hand, Foot and Mouth Disease can be prevented by observing good hygiene.

The F.I.G.H.T. campaign was launched in June 2017 as a part of HPB's ongoing efforts to encourage the adoption of good hygiene practices. The F.I.G.H.T. campaign encourages the public to adopt five simple practices to help prevent infectious diseases – Frequent handwashing, Immunisation, Going to the doctor if unwell, Home rest if unwell, and using Tissues and masks to stop the spread of germs.



The four-month campaign sought to encourage Singaporeans to practise good personal hygiene and social responsibility for the sake of protecting their loved ones. It reached out to Singaporeans through out-of-home advertising and island-wide activations, where the public was educated on F.I.G.H.T. messages through interactive activities. To encourage the usage of masks when unwell, free masks were distributed through on-ground engagements in shopping malls and F.I.G.H.T. activity books were disseminated in pre-schools to reach children and their parents.

#### **2018 Health Calendars**

First introduced in 2013, the health calendar contains user-friendly health tips that provide everyday visual cues to prompt women and their families to embrace healthy living choices.

HPB collaborated with Ladies First, a local women's social group, to develop a 2018 Health Calendar focusing on healthy lifestyle behaviour across different life stages to reduce the risk of chronic diseases among women.

Emphasis was placed on physical activities suitable for different age groups. These included quick exercises for busy working mothers and simple exercises for older females to build up strength and flexibility. The calendar also included useful information and practical tips on maintaining a well-balanced diet, bone health, stress management and health screening.

About 15,000 copies were distributed to women island-wide through the People's Association Women's Integration Network Council, various voluntary welfare organisations and workplaces. To increase outreach, an electronic version was also made available for download on HealthHub, an online portal.



# **Staying Tobacco-Free**

To raise awareness of the dangers of smoking and to help smokers to quit smoking, the Health Promotion Board (HPB) brings smoking cessation initiatives to the community to support smokers in their journey to quit the habit for good.

#### **I Quit 28-Day Countdown**

The I Quit programme, a national initiative, adopts a community-based but personalised approach to build a supportive network to help smokers make their first or subsequent attempts to quit smoking.

In 2017, I Quit was centred on the theme of celebrating little victories that will have a big impact in a smoker's journey to stop smoking. The campaign reached out to smokers through community roadshows, workplaces, pharmacies and via social media platforms such as the I Quit Facebook page.

Smokers who are looking to kick the habit can sign up for the I Quit 28-Day Countdown, which was designed based on findings that smokers who stay smoke-free for 28 days are five times more likely to succeed in quitting for good.

The programme helps smokers break down quitting into daily actionable steps, empowering them with knowledge, motivation, skills and support to remain smoke-free during the crucial period of 28 days. At the end of 28 days, those who are confirmed to be tobacco-free will receive incentives for their accomplishments.





Over **20,000** sign-ups in 2017, an increase of **20%** from 2016

#### **Inpatient Smoking Cessation Programme**

Established in 2007, HPB's Inpatient Smoking Cessation Programme integrates smoking cessation intervention into existing clinical management of patients who smoke.

Healthcare research has shown that cessation programmes conducted during hospital stays result in a higher quit rate. With ill-health being a salient issue for patients who have been hospitalised for a medical condition, the receptiveness to quit smoking could be higher.

Upon admission into a participating hospital, identified smokers are counselled on the ill effects of smoking and encouraged to begin their quit journey during their hospital stay. They will undergo intensive cessation counselling where they are provided with tips and strategies for quitting smoking, as well as advice on the use of existing Nicotine Replacement Therapy.

Currently, the Inpatient Smoking Cessation Programme is offered by Changi General Hospital and National University Hospital.

Reached out to **2,692** smokers in 2017.

Of those who underwent intensive smoking cessation counselling, **20%** remained tobacco-free after six months.



# **Advocating Healthy Living**

To expand the outreach and increase the effectiveness of its health-promoting programmes, the Health Promotion Board (HPB) works closely with a wide network of stakeholders and advocates of healthy living in the community.

#### **Health Ambassador Network**

The Health Ambassador Network brings together people from all walks of life who believe in healthy living and aspire to motivate others to adopt healthy habits. In 2017, a total of 167 of these role models, known as Health Ambassadors, were recruited from community organisations, workplaces, faith-based organisations, government agencies and schools.

The Health Ambassadors support HPB in a wide spectrum of health promotion campaigns, initiatives and activities.

#### **Embracing Parenthood Movement**

Launched in July 2017, the Embracing Parenthood Movement is a community-led initiative where community partners engage parents to share parenting knowledge and information.

During the Embracing Parenthood Movement roadshows, female Health Ambassadors trained in early nutrition engaged parents to share information on the benefits of breastfeeding, the use of formula milk and introducing baby to solid food. In 2017, 28 Health Ambassadors were trained and deployed in 68 roadshows, which reached out to 4,500 parents.



Health Ambassadors engaged parents at the Embracing Parenthood Movement roadshows

# The Eat, Drink, Shop Healthy campaign and Healthier Dining Programme at hawker centres

As part of the Eat, Drink, Shop Healthy campaign, the Health Ambassadors reached out to diners to educate them on choosing Healthier Choice products and healthier dishes as well as performed mystery audits on vendors to ensure they adhered to the campaign's guidelines.



Under the Healthier Dining Programme at hawker centres, the Health Ambassadors encouraged the public to choose dishes with the Healthier Choice symbol. The programme aims to educate the public on the healthy and affordable meals available at hawker centres.

Since the start of these two campaigns in May 2017, more than 1,000 Health Ambassadors have been deployed across nearly 40 locations island-wide.

#### **Ouick 6 and 7 Sit-Down Exercises**

The Health Ambassadors have supported HPB's efforts to help seniors incorporate physical activity into their daily lives. They conduct Quick 6 and 7 Sit-Down Exercises, which consist of movements that are simple and easy to follow. The Quick 6 exercise focuses on strengthening major muscle groups, while the 7 Sit-Down Exercise focuses on maintaining and improving upper body strength in the arms, shoulders, chest and back.



116 Health Ambassadors conductedQuick 6 and 7 Sit-Down Exercisesfor 1,210 seniors across58 Senior Activity Centres

#### **Creating social movements for healthy living**

HPB's Health Ambassadors have also been active in creating social movements for healthy living. These include setting up interest groups to lead their peers in physical activities such as brisk walking, trekking and gigong. In 2017, there were about 70 of such interest groups.

In July 2017, a Community of Practice for Health Ambassadors Interest Group Leaders was launched, bringing together like-minded people to share their experiences and learn best practices from one another and from guest speakers. The event was attended by 22 leaders representing 16 interest groups. Senior Minister of State for Health, Dr Amy Khor, graced the event as Chief Health Ambassador.

#### **Community Health Posts**

The Community Health Posts serve as community hubs to increase access to health services. They are located at community settings nationwide such as Residents' Committees centres, Community Centres and Clubs, and Volunteer Welfare Organisation centres.

HPB works with community partners through these hubs to encourage eligible Singapore residents to go for regular health screenings for obesity, hypertension, diabetes and lipid disorders, since early detection of diseases and follow-ups can improve health outcomes. Other services available at the Community Health Posts include regular health coaching and monitoring, as well as lifestyle advice such as tips on eating right and regular exercise. In 2017, 27 Community Health Posts were set up island-wide.



**533** residents were screened, and **2,643** residents attended coaching sessions at the Community Health Posts from April 2017 to January 2018

# **Supporting Healthy Ageing**

With the growing ageing population in Singapore, an important focus for the Health Promotion Board (HPB) is to address health and physical safety issues faced by senior citizens, promote mental well-being and integrate health and social support for active ageing.

#### **Falls Prevention Awareness**

The Falls Prevention Awareness campaign provides seniors and their caregivers with simple tips to reduce the risk of falls.

Following the inaugural campaign in 2016, a second Falls Prevention Awareness Campaign was launched in December 2017. The campaign focused on giving seniors simple tips to keep their homes safe and neat to reduce the risk of falls at home. These include installing grab bars in bathrooms, keeping floors free of clutter and using non-slip mats.



Senior Minister of State for Health, Dr Amy Khor, participated in the 7 Sit-Down Exercise, as part of the Falls Prevention Awareness campaign

To reinforce the campaign's messages, HPB collaborated with the Housing and Development Board (HDB) to organise guided Home Safety Tours at HDB's My Nice Home Gallery from January 2018 onwards. Led by HPB's Health Ambassadors, the one-hour interactive session aims to help participants visualise and learn how falls prevention tips can be applied in their homes and daily lives.

A home safety checklist was developed to help seniors regularly assess their home environment for potential risks. The checklist, together with a Falls Prevention Guidebook, is available online (www.HealthyAgeing.sg/FallsPrevention). Hardcopies were also distributed through HPB's partners including People's Association Community Clubs and Centres, Guardian, Unity, Watson, selected polyclinics and restructured hospitals. In addition, more than 50,000 guidebooks and posters were distributed.



**300,000** seniors and caregivers reached through television commercials, educational videos and website since December 2017

# **Community-based Vaccination Programme for Seniors**

The Community-based Vaccination for Seniors programme is aimed at raising awareness on social hygiene and increasing the uptake of immunisation among the elderly.

The programme followed a successful pilot with Tan Tock Seng Hospital in 2015, after which HPB embarked on a three-year partnership with the National Healthcare Group (NHG) to scale-up community vaccination for elderly.

NHG provides the vaccinations, at no cost, in a community setting close to the seniors' homes such as the Community Centres or Senior Activity Centres.

During vaccination sessions held from April to June 2017, HPB's trained Health Ambassadors engaged the seniors on the importance of social hygiene and immunisation, as well as other healthy ageing topics such as healthy eating, nutrition, falls prevention, mental health and proper hand washing techniques to avoid the spread of infection.



#### **Community Network for Seniors**

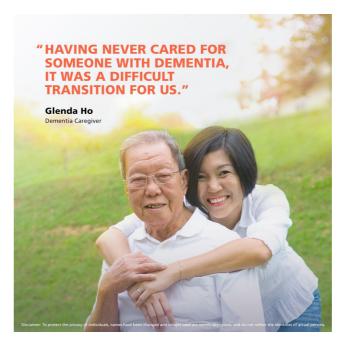
The Community Network for Seniors aims to integrate health and social support for active ageing. It is part of the Action Plan for Successful Ageing and involves the combined efforts of various ministries and agencies such as the Ministry of Health, Health Promotion Board, People's Association, Pioneer Generation Office and Agency for Integrated Care.

The initiative was first announced in 2016 and rolled out nationwide from January 2018 following successful pilots in Chua Chu Kang, East Coast, Hong Kah North, Marine Parade and Tampines.

The three areas under the Community Network for Seniors include Active Ageing, Befriending and Care and Support. The network reaches out through community settings such as Community Centres, Residents' Committees centres, Senior Activity Centres, Volunteer Welfare Organisations and religious organisations, to build stronger community support for seniors.

The Active Ageing programmes are classified into three main domains namely, Physical Activity, Social Activities and Health Screening. Programmes offered under these domains include Fit+ (strength and balance programme), Community Health Post, Community Physical Activity Programme, Nutrition Workshops and Seniors Health Curriculum.

Under the Social Activities domain, interactive workshops were organised as part of the Seniors Health Curriculum to empower seniors with simple health tips and knowledge to maintain and improve their physical, mental and functional health. The curriculum consists of six core and 30 elective modules covering seven main topics – Nutrition, Physical Activity, Mental Wellness, Chronic Disease Management, Functional Health, Social Hygiene and Health Literacy. The programme reached out to over 22,000 seniors in 2017.



#### **Dementia public education**

HPB's dementia education campaign, which took place from November 2017 to January 2018, was aimed at increasing public awareness and recognition of the condition so that those affected can seek help early.

To reach out to seniors aged 50 and above as well as the people around them, HPB tapped on various platforms such as radio, digital media, and on-ground dementia skits.

The radio engagement took place over one month and was conducted in all four vernacular languages. It included radio dramas and lighthearted infomercials presented by representatives from the National Neuroscience Institute and HPB, together with radio DJs.

#### **Building blocks to a healthy mind**

HPB worked with community organisations to pilot the use of LASY building blocks to improve the mental well-being of seniors in the community. The construction building blocks were used to encourage active learning, develop problem solving and communication skills, and build self-confidence.

In 2017, workshops were held to engage seniors in activities that tested their mental abilities and problem-solving skills. The seniors also learnt about the importance of leading a physically and socially active lifestyle in order to lower the risk of developing mental health conditions such as dementia.

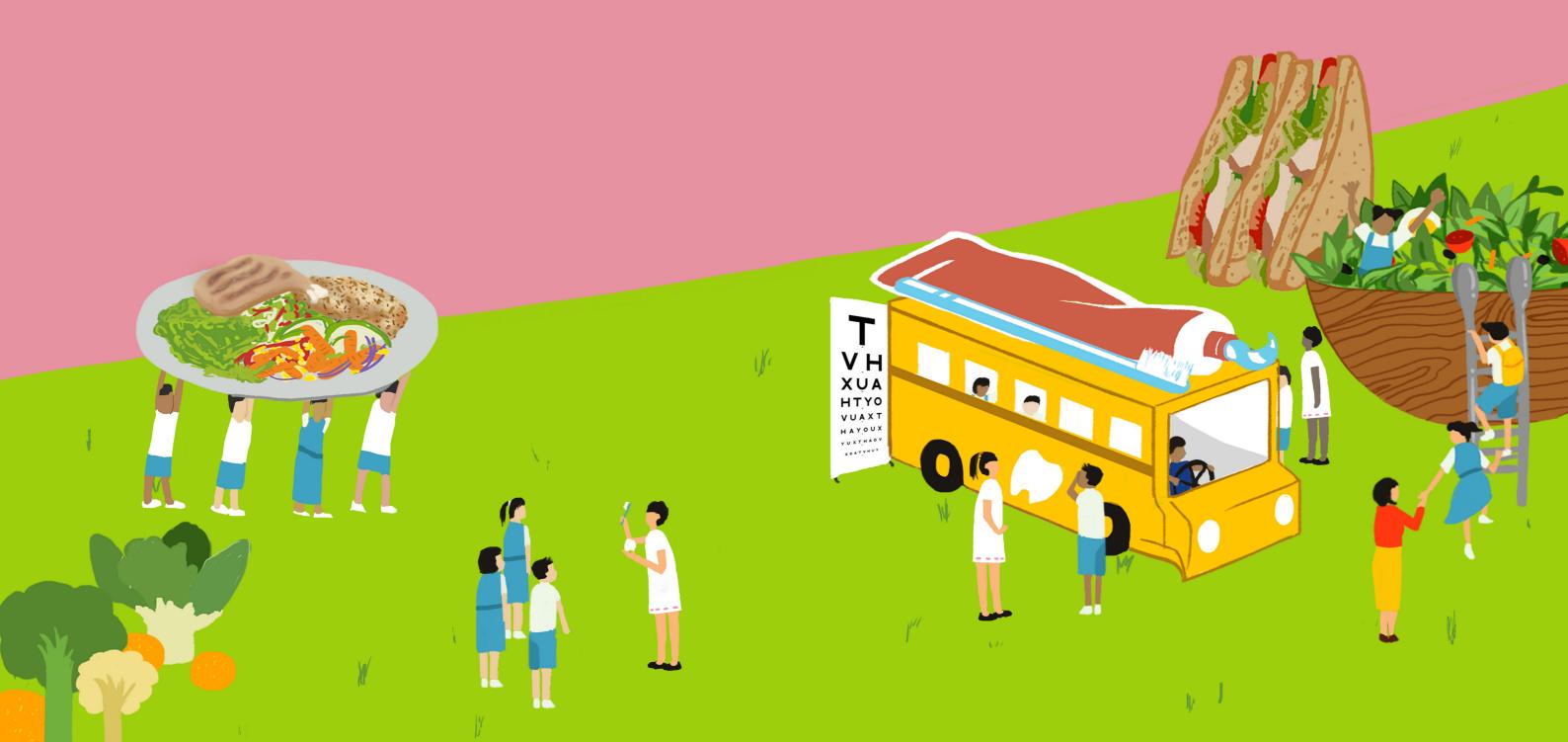


200 seniors attended the healthy mind workshops and96% had gained knowledge

The workshop was interactive and fun, and helped in cognitive thinking and coordination. Most of the participants enjoyed the session and they gave good ratings. The trainers were engaging as well.

- Mr K. Lim, Manager,
South East Community Development Council

# DEEPENING FOCUS ON THE YOUNG



DEEPENING FOCUS ON THE YOUNG

## NurtureSG

The Health Promotion Board (HPB) is part of the NurtureSG national effort to foster healthier behaviours among the young by equipping them with the necessary skills and creating a conducive environment for them to embrace healthy living.

Recommendations which cover physical activity, nutrition, mental well-being and sleep health were submitted by the NurtureSG Taskforce to the Ministry of Health and Ministry of Education in February 2017. Good progress has been made since, with the roll-out of these recommendations in pre-schools, schools, Institutes of Higher Learning (IHLs) and the community.

#### **NurtureSG Action Plan**

In July 2017, the NurtureSG Action Plan was released as a roadmap for building 'strong minds, strong bodies, and strong hearts' for the next generation. A booklet on five 'habit hacks' for a healthier child was made available to educate and empower parents with the necessary knowledge and skills to make better decisions for their children, and to enable their children to take ownership of their own health.

#### **Physical activity and nutrition**

Focusing on physical activity and nutrition, HPB worked with ActiveSG to introduce the Active Family programme. Fun activities were introduced in parks, recreational centres and open spaces to encourage parents and their children to engage in physical activity.



More than **2,200** parents and children participated in the Active Family pilot from January to April 2017

To inculcate healthier eating habits from young, HPB worked with the Ministry of Education and the Early Childhood Development Agency to offer healthier meal options in all pre-schools, mainstream schools and IHLs. By July 2017, the Healthy Meals in School Programme had been implemented in all mainstream schools.

#### **Mental well-being**

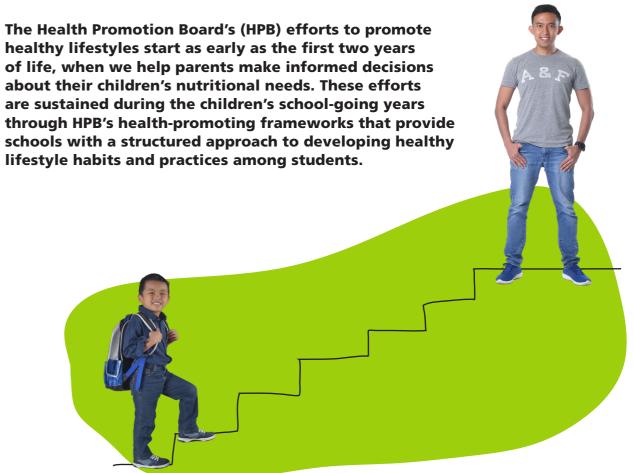
In the area of mental well-being, HPB collaborated with IHLs to establish peer support structures and to train students and counsellors to equip them with necessary skills to support students. HPB also moved its efforts upstream by training pre-school educators to manage the transition of pre-school students to primary school.

#### Sleep health

In looking at sleep health, the public, including parents of young children, were educated on the benefits of good sleep, sleep health recommendations and tips for healthy sleep habits. Through HPB's microsite www.goodsleep.sg, the public can access information on the importance of sleep, recommended sleep duration, signs of insufficient sleep as well as obtain tips on how to inculcate healthy sleep habits.

A video campaign targeted at parents, to increase awareness on the importance of good sleep garnered 1.35 million views, as of March 2018.

# **Building Health-Promoting Frameworks for the Young**



#### **Early nutrition campaign**

HPB aims to help parents make more informed decisions on their child's nutritional needs, and especially in the first two years of their child's life.

In May 2017, HPB launched a multi-year, multimedia public education effort to encourage and promote breastfeeding for at least the first six months of life and up to two years old, and to raise awareness of the nutritional parity of different brands of formula milk. It also encouraged parents to introduce a weaning diet at around six months to cultivate healthy eating habits, and to transition to full cream cow's milk after their child turns one.

As part of the campaign, shelf banners were put up in over 250 supermarket stores highlighting nutrients across major brands of formula milk. More than 15,000 nutritional guidebooks with tips on breastfeeding, weaning and choosing formula milk, as well as healthy meal plans and recipes were distributed.

A webpage on early nutrition was set up on HealthHub, an online portal, in May 2017 to provide parents with information on early nutrition for children. The webpage garnered 150,000 views, as of March 2018.

A survey conducted after the launch of the campaign showed an increase in mothers' awareness of the nutritional requirements of infants and toddlers.



Over **4,000** families were engaged through community roadshows, receiving information on the nutritional needs of young children

The proportion of mothers who intended to switch from formula to fresh milk after their child turned one showed an increase to 62 per cent post campaign, from 43 per cent pre campaign.

To protect and promote breastfeeding, HPB, the administrator of the Sale of Infant Food Ethics Committee (SIFECS), is working with SIFECS to review guidelines and regulations on the advertising, marketing and promotion of infant formula, as well as align labelling guidelines on nutrition claims with the Agri-Food & Veterinary Authority's food labelling regulations.

To encourage the initiation and promotion of breastfeeding from birth, HPB is also actively encouraging all private maternity hospitals to be certified under the Baby-Friendly Hospital Initiative. The Baby-Friendly Hospital Initiative protects, promotes and supports breastfeeding by ensuring certified hospitals provide a conducive environment for mothers to initiate and continue breastfeeding.



Pre-schoolers participating in the fun and interactive Healthy Lifestyle Puppet Show, a complimentary workshop for accredited Healthy Pre-Schools



**739** pre-schools accredited under the Healthy Pre-School Platinum tier

#### **Healthy Pre-School Framework**

A health-promoting pre-school has a strong and supportive culture and environment to inculcate healthy habits that lead to better health and education outcomes among pre-schoolers.

As of March 2018, 1,072 pre-schools have been accredited as Healthy Pre-Schools.

Two tiers of accreditation were introduced in April 2017 under the Healthy Pre-School Framework (previously known as Health-Promoting Pre-School Framework) to encourage more pre-schools to embark on their health promotion journey.

The basic tier acknowledges the efforts put in by pre-schools to establish a supportive environment that promotes and enables healthy living habits among students, parents and staff. The platinum tier distinguishes pre-schools that have taken additional steps to put in place targeted interventions for students and capacity-building for teachers, parents and staff.

#### **Health-Promoting School Framework**

A framework similar to that established for pre-schools, the Health-Promoting School Framework provides a structured approach to support Primary and Secondary Schools, Junior Colleges and Centralised Institutes in building a supportive health-promoting culture and environment. An updated Health Promotion Guide for Schools was provided to schools in 2017, enabling them to better plan for, and implement, healthy living programmes for their students.

By engaging with and providing guidance to these schools regularly, HPB saw an increase in the uptake of its programmes from 61 per cent in 2016 to 76 per cent in 2017. The Health Promotion
Guide for Schools is a
good initiative by HPB to
present its programmes in a
structured manner. Engaging
schools for the discussion of
programmes in the month of
October is also timely.

- Ms Lim-Neo Lay Pin, Vice-Principal, Zhonghua Secondary School



DEEPENING FOCUS ON THE YOUNG



Healthy meals and snack options are gradually introduced in the madrasahs

# **Health-Promoting Madrasah Programme**

The Health-Promoting Madrasah programme inculcates and supports health initiatives for full-time madrasahs in establishing a supportive environment that promotes healthy living.

HPB works with madrasahs to incorporate educational talks, workshops and health resources into their curriculum. This ensures that students, teachers, parents and other stakeholders are actively engaged on healthy living matters such as healthy eating, physical activity and mental wellness.

Physical fitness activities under HPB's Active Youth Workout received a positive response from the madrasahs, as did the initiative to improve food options for the students through the Healthy Meals in School Programme. This initiative has benefitted more than 1,000 students from three madrasahs.

#### **School Health Executive Programme**

Schools provide a good environment for children to acquire healthy habits and behaviours. HPB's School Health Executives play an important role in helping pre-schools create a healthy living environment for children. They recommend and coordinate suitable health promotion programmes for pre-schools as well as capacity building programmes for teachers and parents.

Through the School Health Executives, HPB is able to deepen its engagement with pre-schools, be more attuned to their needs, as well as better monitor and evaluate the effectiveness of various health promotion programmes.

As of 31 March 2018, the School Health Executives supported 1,600 pre-schools in their health promoting efforts, of which 82 per cent of pre-schools implemented at least one HPB programme, such as the Healthy Pre-School Framework, or Healthy Meals in Pre-Schools, and capacity building programmes for teachers and parents.



**1,600** pre-schools received support from School Health Executives in their health promotion efforts

#### **Student Health Advisor Programme**

As part of the Student Health Advisor Programme, professional nurses and allied health professionals are stationed at participating schools to make it convenient for students to seek advice on health matters. The programme was offered in 50 secondary schools, three Institute of Technical Education colleges and five polytechnics.

Student Health Advisors provide support in health promotion activities, lifestyle counselling, as well as early identification and intervention of high-risk behaviours such as smoking and health issues, which include obesity and chronic conditions among youths.

They also provide timely interventions and follow-up with students on health matters through individual or group counselling sessions conducted in schools.



Student Health Advisors meeting up with students to provide health-related advice

As of March 2018, the Student Health Advisors attended to 13,088 students on various health matters. Over 15,300 students also attended health promotion talks by the Student Health Advisors on topics such as healthy eating, healthy lifestyles and stress management.



1,570 students reduced or quit smoking.43% reduced smoking and9.6% quit after three months.



**8,000** overweight students were offered a six-month weight management programme

# **Cultivating Healthy Habits from Pre-School Years**

The habits, preferences and practices shaped in early childhood are crucial in laying the foundation for a healthy lifestyle. The Health Promotion Board (HPB) engages children on healthy living through play and reaches out to stakeholders, including parents and teachers, through health-promoting and educational programmes to ensure a healthy start for the young.

#### **Healthy Meals in Pre-Schools**

The Healthy Meals in Pre-Schools programme is intended to foster healthy eating among students and help them receive the right proportion of nutrients necessary for their growing needs.

Participating pre-schools are required to comply with food service guidelines that aim to reduce fat, sugar and salt in meals. The pre-schools serve healthy set meals that incorporate foods from the four main food groups, such as brown rice and wholemeal bread, meat and other items, and vegetables and fruits.

Pre-school cooks and centre supervisors undergo culinary training and assessments. They are taught menu planning and also learn how to use healthier cooking methods and appropriate food portioning for children. As of March 2018, more than 2,000 cooks and supervisors from pre-schools have attended HPB's culinary training workshops.



1,040 pre-schools have started serving healthier meals,79,040 pre-schoolers benefitted by March 2018



Children are encouraged to bring healthy snacks to school and make their own fruit salad for Healthy Snacks Day

#### Oral health promotion in pre-schools

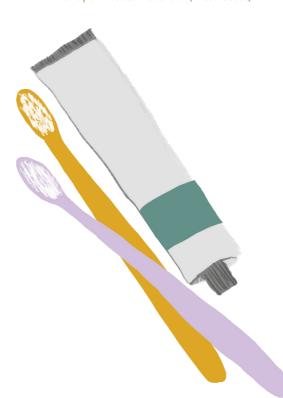
Under the oral health programme for preschoolers, HPB's School Dental Service conducts oral health programmes and dental screening to detect dental diseases early so that children can receive timely treatment.

In 2017, HPB conducted dental screening at 206 childcare centres, which reached 5,799 children. Pre-schoolers at risk of developing dental decay received topical fluoride treatment during their sessions. Parents were provided with an information sheet with details on their child's oral health status and referral sources to seek follow-up dental treatment.

The School Dental Centre, which provides basic dental treatment at a nominal fee, saw 7,686 pre-schoolers over the year.

By bringing dental screening into pre-schools, children will benefit and learn oral health care tips, which will subsequently raise parental awareness about the importance of oral care for their children.

- Ms Kumutha d/o Maniam, Principal, PCF Sparkletots Preschool (West Coast)





47

A dental therapist giving oral health talks to pre-schoolers before the oral health screening at a childcare centre



DEEPENING FOCUS ON THE YOUNG

#### Learning about health through play

Playtime with H-team is a one-stop roving exhibition for children to learn about health. The exhibition engages children through touch and play, covering health topics such as nutrition, physical activity, myopia prevention, hygiene, mental wellness, and oral health. On-site facilitators provide simple, age-appropriate tips to encourage children to practise healthy habits.

A post-workshop evaluation showed that 46 per cent of the children continued to practise one or more healthy habits for at least two weeks after the carnival. Ninety-five per cent of the teachers surveyed felt that the health messages were adequately covered.

A four-month community-based programme, Fun Xplore, was also introduced in 2017 to help parents inculcate healthy habits in their children. The programme included hands-on activities for pre-schoolers to learn about healthy eating and a food demonstration for parents to pick up tips on modifying and encouraging healthy eating habits. To encourage pre-schoolers to be physically active through play, a workshop on fundamental movement skills conducted by SportSG was incorporated into the programme. Complementary phone coaching sessions for parents were also offered. They learnt how to monitor and sustain their efforts to help their children achieve healthier weight.

A total of 546 pre-schoolers and their parents participated in the Fun Xplore programme as of March 2018.



In 2017,
Playtime with H-team reached out to
28,000 children from
351 pre-schools and
12,139 students from
24 primary schools

#### **Sleep Awareness Campaign**

As habits are formed early in life, it is important to cultivate good sleeping habits from young, to prevent insufficient sleep from becoming a health concern later in life.

To address this, HPB embarked on a Sleep Awareness Campaign in July and August 2017 to educate parents with young children on the importance of having sufficient quality sleep and their role in inculcating good sleep habits in their children. The digital campaign included an informative video on the benefits of having sufficient quality sleep. The video received 1.35 million hits and the campaign page received 30,421 page views, as at March 2018. These efforts were augmented with a roving exhibition to 417 schools to teach pre- and primary- school children the importance of sleeping well and how to get the best quality sleep.

#### **National Myopia Prevention Programme**

The National Myopia Prevention Programme aims to delay the onset of myopia and reduce progression among the school-going children. As part of the programme, school children have their vision screened through the School Health Service.

To prevent myopia at an earlier age, vision screening for five and six-year olds was introduced to complement the annual vision screening exercise conducted in mainstream schools. In 2017, 354,188 school children had their vision screened.

With research showing that an increase in outdoor time helps in delaying the onset of myopia, HPB stepped up efforts to increase outdoor activities in the school curriculum.

To encourage teachers to conduct more outdoor activities, a booklet on supplementary outdoor lesson plans was distributed to teachers. An interactive activity-based booklet for parents and their children was also introduced to encourage families to spend more time outdoors together.

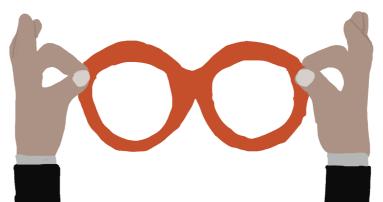
HPB also worked with the Early Childhood Development Agency to require children in a fullday pre-school programme to spend at least half an hour outdoors daily.



An optometrist performing autorefraction for a student in a refraction clinic

The nurse who conducted the vision screening was friendly and engaged the children through storytelling, which was very informative.

- Ms Lin Bin Ji, pre-school teacher, PCF Sparkletots Preschool (Queenstown)



HEALTH PROMOTION BOARD

# **Raising Healthy Youths**

As children reach school-going age, it is important to empower them to make the right choices for healthy living. In line with this, the Health Promotion Board (HPB) has implemented various programmes to enhance health outcomes among school-going children and encourage them to practise healthy habits.

#### **School-based Health Screening and Immunisation Programme**

Childhood immunisation safeguards school-going children from vaccine-preventable communicable diseases. To ensure that they receive the recommended immunisations, HPB runs the school-based immunisation programme in accordance with the National Childhood Immunisation Programme. The Tetanus, Diphtheria, Acellular Pertussis vaccination was administered to 38,328 students and Oral Poliomyelitis vaccination was administered to 40,966 students.

By leveraging technology to improve service delivery, HPB set up an online Child Consent Portal where parents can easily submit their children's medical information and consent for immunisation. An e-version of the Health Booklet was also introduced to enable parents to conveniently access their child's immunisation records and the Health Assessment Summary of health screening conducted in their child's school.



The school-based immunisation programme is conducted by School Health nurses and doctors



**237,655** primary school students and **133,731** secondary school students were screened for scoliosis, vision, hearing impairment and assessed for growth development in 2017

#### **Healthy Meals in Schools Programme**

The Healthy Meals in Schools Programme aims to raise awareness on healthy eating, promote the consumption of wholegrains and reduce the intake of fat, salt and sugar among school-going children.

Research has shown that healthy habits formed in childhood are more likely to be followed through into adulthood. As such, the programme seeks to inculcate healthy eating habits from a young age.

Meals served in schools incorporate food from the four main food groups such as brown rice and wholemeal bread, meat and other items, vegetables and fruits. This helps children obtain the necessary nutrients for their growing needs while cutting down fat, salt and sugar.

Culinary training is available for canteen vendors to equip them with knowledge on nutrition and skills to prepare healthy and tasty meals using healthier ingredients and cooking methods, as well as appropriate food portioning for students.

All 359 mainstream schools are serving healthy meals.



Some schools go the extra mile and provide fridges with fruits so that students can have access to a variety of cold, cut fruits



An example of a healthy set meal served in schools

- The Healthy Meals in Schools
  Programme is a good one which
  also educates students on the
  benefits of eating fruits. I was
  surprised that some students
  did not eat them previously.
  - Ms Chan Wen Hui, Teacher, CHIJ Kellock

DEEPENING FOCUS ON THE YOUNG

#### **Preventing obesity**

Targeted at overweight and severely overweight students, the Active Kids Programme and the ReFRESH programme aim to equip students with the knowledge and skills to manage their weight through healthy habits.

The six-month Active Kids Programme, organised for students aged seven to 12 years, engages students through interactive games and food preparations. Students can also learn how to adopt a physically active lifestyle through fun aerobic workouts such as KpopX Fitness and Hip Hop. Healthy lifestyle tips such as drinking water, eating more fruits and vegetables and eating in right portions, are also included in the programme. Lifestyle coaches also work with parents to set goals, overcome barriers and monitor their children's progress.

The ReFRESH programme, targeted at students between 13 and 17 years old, aims to help participants achieve a healthier weight by instilling healthy lifestyle habits such as regular physical activity, healthy eating and maintaining a positive mindset. The three-month programme incorporates innovative games and challenges to help students be positive about weight management.



HPB also leverages technology to encourage students to eat healthier and improve their fitness. A mobile application-based weight management programme was introduced to offer lifestyle coaching to overweight and severely overweight primary and secondary school students.

Through the app, students go through a sixmonth programme which includes food and exercise tracking, height and weight logging, as well as videos and games to promote healthy habits. To actively involve parents in understanding and monitoring their child's progress, lifestyle coaches check in regularly with parents and students through weekly video calls and the in-app chat function.



3,415 students
participated in the
Active Kids Programme,
of which 40%
reduced their BMI to
a healthier level



**3,502** students participated in the ReFresh Programme, of which **42%** reduced their BMI to a healthier level



1,129 students
participated in Lifestyle
Coaching Programme,
of which more than
54% reduced their
BMI to a healthier level

#### **Oral health programme in schools**

HPB conducts oral health promotion programmes and provides dental screening for students in mainstream schools.

In 2017, 181,536 primary school students and 86,324 secondary school students underwent dental screening and treatment from dental therapists and dental officers at dental clinics in primary schools, and at mobile dental clinics in secondary schools.

Various oral health promotion programmes were carried out in schools throughout the year, including those related to tooth-brushing, dietary advice and talks on common dental diseases.



Routine dental treatment is conducted in mainstream and special needs schools

#### Let's Face It

Introduced in 2017, the Let's Face It programme seeks to equip secondary school students with the knowledge and skills to manage their emotions using positive coping methods.

The programme uses interactive drama techniques and features scenarios tailored to reflect common situations that students can relate to. These include sibling comparison, being bullied in school and academic pressure.

Facilitators enact scenes and students are invited on stage to demonstrate how they would manage their emotions if they faced a similar situation. Facilitators conclude the programme with various coping strategies students can use to manage these situations.

Since August 2017, the Let's Face It programme has been held in 20 schools, with 84 per cent of the students finding the format engaging.

The presentation was well received by the students as it was very engaging and the message was conveyed through an interactive approach.

- Ms Rebecca Kan, teacher, Christ Church Secondary School

ANNUAL REPORT 2017/2018

DEEPENING FOCUS ON THE YOUNG

## **Tobacco control programme** in schools

HPB's tobacco control programme in schools adopts a three-pronged approach of prevention, cessation and capacity building to help youths stay tobacco-free.

To raise awareness of the harms of smoking, HPB worked with the Ministry of Education to incorporate relevant content into the school curriculum, and organised skits and workshops to enhance students' assertiveness against peer pressure to smoke, address misconceptions surrounding smoking and promote tobaccofree norms.

Cessation efforts include intervention (individual or group counselling) as well as a strengths-based smoking cessation programme to help youths understand and draw on their own strengths to take control and manage stress. This includes using positive coping strategies to better deal with stress and boredom.

Educators and youth facilitators are equipped with the knowledge and strategies to help students lead a tobacco-free lifestyle through HPB's ADVOCATE programme.

# More than 40,000 students reached through assembly programmes and 2,146 youth smokers engaged in smoking cessation sessions, in 2017

# Spurring Tertiary Students to Adopt a Healthy Lifestyle

During the tertiary years, healthy living initiatives introduced in primary and secondary schools are reinforced through programmes that promote healthy eating and active living. Healthy weight management also continues to be a key focus with the introduction of new channels to give students easy access to professional guidance and advice.

# Promoting healthy eating and active lifestyle on campus

To nudge students to opt for healthier food options and be more physically active, HPB brought its Play, Eat, Win and Eat, Drink, Shop, Healthy campaigns to various campuses through integrated roadshows.

The Play, Eat, Win programme encourages students to choose the healthier food options made available on campus as part of the Healthier Dining Programme. Using HPB's Healthy 365 health and diet tracking app, students were able to track their calorie consumption and compete in teams to win discount coupons for healthier food options. Over 6,000 students from ten Institutes of Higher Learning (IHLs) participated in this programme.

The Eat, Drink, Shop, Healthy campaign was launched in 12 IHLs, where students received points when they bought healthier purchases from food and beverage outlets or stalls on campus which participated in the Healthier Dining Programme.



The Play, Eat, Win campaign reached students through integrated roadshows in campuses



Healthier food options are made available on campus canteen

Season Three of the National Steps Challenge™ attracted strong participation, with more than 16,000 students taking part to clock more steps as they went about their everyday student lives.

To increase opportunities for youths to participate in mass fitness activities, Active Youth Workouts were organised on campus, featuring a variety of exercises from Zumba to Bollyrobics and kickboxing.

HPB also launched the Train-The-Trainers programme where students could learn how to conduct physical activity sessions for their peers. From June 2017 to March 2018, over 60 students participated in the programme and learnt the basics of Zumba, KpopX Fitness, outdoor games and facilitation.



Republic Polytechnic students in the KPopX Fitness Train-The-Trainers class



**12,000** youths took part in over **150** Active Youth Workouts sessions



# Weight Management Programme at ITE

To support Institute of Technical Education (ITE) students in maintaining a healthy weight, HPB introduced an integrated programme, which incorporated phone and app-based coaching, providing new intervention channels and access to professional coaches for students at their convenience.

The programme included providing medical assessment for severely overweight students, lifestyle coaching by on-campus healthcare professionals and campus mass workout sessions.

In all, over 2,200 ITE students benefitted from HPB's weight management initiatives in 2017.

HPB also partnered the National Healthcare Group to pilot a community-based weight management programme #staystronggameon at ITE College Central from August to November 2017. Thirty-four participants took part in the eight-week experiential programme, which included hands-on, off-site challenges where students could find, learn and take part in healthy activities.



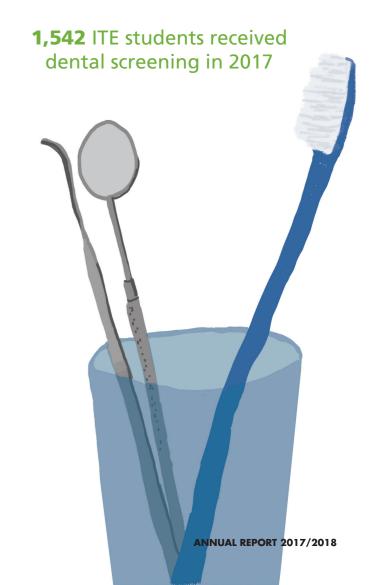
77% of participants in the #staystronggameon pilot programme lost or maintained their weight

#### **Providing dental care to ITE students**

57

Mobile dental clinics from HPB's School Dental Service were deployed to ITE College Central, East and West to provide on-site dental screening and treatment. By providing on-site dental services, HPB aimed to educate and reinforce good oral hygiene habits as well as to encourage students to take ownership of their oral health.

Oral health screening was conducted in October and November 2017. Treatment provided included fillings, scaling, polishing, dental sealants and x-rays. Students were also taught how to maintain good oral hygiene habits at home. Those requiring follow-up treatment could make appointments with the School Dental Centre.



**HEALTH PROMOTION BOARD** 

# EXPANDING OUTREACH TO THE WORKFORCE



# **Extending Health to More Working Communities**

To increase accessibility of health initiatives for the working population, the Health Promotion Board (HPB) has scaled up its reach through strategic collaborations with industry partners and employing novel partnership models. This has enabled HPB to leverage the experience, expertise and networks of its partners, and multiply its outreach to bring more health programmes to the working community.

#### **Healthy Workplace Ecosystems**

The Healthy Workplace Ecosystems create a supportive environment with health-promoting amenities and services, allowing healthy lifestyle programmes to be pooled together conveniently and cost efficiently for the benefit of employees. HPB works with landlords and developers to customise such ecosystems to cater to the needs of employees in different business and industrial clusters.

Since its inception in 2013, there are now 47 Healthy Workplace Ecosystems, with its programmes reaching out to over 270,000 workers. With the growing number of ecosystems, HPB piloted the Project Manager model in November 2017 to sustain and expand workplace health promotion efforts aggressively. Under this model, HPB works with industry experts to plan and design a suite of pre-approved plugand-play programmes developed by HPB. These programmes cover nutrition, physical activity, mental well-being, chronic disease prevention and management as well as smoking cessation.

The approach has enabled HPB to tap on the experience of the industry partners for innovative and effective solutions to reach and impact more workers.

#### Scan & Win @ HWE

To spur repeat participation in the Healthy Workplace Ecosystems (HWE) activities, HPB introduced a new digital loyalty programme, Scan & Win @ HWE, in December 2017. Participants scanned QR codes and earned Healthpoints to redeem vouchers from lifestyle retailers, food and beverage outlets and supermarkets.

The programme, which supported HPB's strategy to move to a common e-rewards platform, aimed to create more sustainable healthy lifestyle behaviours among the working population.



#### **Engaging multipliers**

To rapidly expand its outreach beyond working with landlords and developers, HPB strategically engages key partners with extensive industry and business networks.

In 2017, HPB developed strategic partnerships with the Orchard Road Business Association (ORBA) and the Singapore National Employers Federation (SNEF) to roll out health initiatives for workers in Orchard Road, one of Singapore's largest lifestyle destinations, and in the core Central Business District (CBD), which is the epicenter of the financial hub with a dense working population.

Leveraging ORBA's network of senior management from 114 member companies including shopping malls, departmental stores, leading retailers, hotels and restaurants, HPB and ORBA developed the 'Work Great on a Great Street' initiative in October 2017.

The initiative aims to bring healthy living to all workers in Orchard Road, particularly the hard-to-reach pockets of the workforce. Many of the health programmes are tailored primarily for those working in the retail and food services sectors, which have a high prevalence of mature employees, and where employees usually work shift hours or have unstructured work patterns. Through activities such as health screening, health workshops, physical activity sessions and thematic events, the initiative has attracted nearly 8,000 participants from various companies such as Metro, Shangri-La, Hotel Jen and Shaw Organisation.

In November 2017, HPB partnered SNEF to implement the Health@Downtown initiative, which put in place health programmes for workers in the Downtown CBD. This collaboration leveraged SNEF's extensive network of 620 companies with over 151,000 workers.

Catering to a younger working crowd, the initiative offered programmes suitable for employees with different fitness levels.



**10,000** participants benefitted from Health@Downtown, an initiative by HPB and SNEF in November 2017



EXPANDING OUTREACH TO THE WORKFORCE

The Health@Downtown initiative includes a range of high impact and innovative activities such as Spartan Workouts, High-Intensity Interval Training, Fitness Bootcamps and popular dance aerobic workouts. SNEF also organised precinct-wide activities such as weekly Downtown Runs, Downtown Functional Training sessions and the Downtown Vertical Challenge.

With SNEF's influence and engagement with multiple landlords and building owners within Downtown CBD, nearly 10,000 participants benefitted from various health activities such as health screenings, health workshops and the physical activity sessions conducted as part of Health@Downtown.





Participants at Health@Downtown Workout session

#### **SME Workplace Health Package**

With 70 per cent of Singapore's working population employed in Small and Medium Enterprises (SMEs), it is important to extend our workplace health promotion efforts to this segment of the working population who may otherwise have limited access to health programmes.

From September 2016 to September 2017, HPB piloted the SME Workplace Health Package scheme which provided SMEs with a list of preapproved programmes. This provided SMEs with easy access to health promotion programmes and the flexibility to select programmes suited to their workers' needs and schedules at an aggregated cost.

Riding on the back of this pilot, which attracted 168 SMEs with over 5,500 employees, HPB launched a scaled-up version known as SME Health+ in January 2018 with the appointment of project managers with industry expertise and a broad network of health-related service providers. The project managers manage a panel of service providers to deliver the health promotion programmes, providing a simple and hassle-free on-boarding process for SMEs. This enables SMEs to have convenient access to a wide range of health programmes at competitive prices.

Since its launch, 68 SMEs have come on board SME Health+. The programme is expected to attract 60,000 participating employees by 2019.

# Reaching Out to the Hard-to-Reach

Mature workers make up a sizeable population of the workforce, with a significant proportion in hard-to-reach sectors and industries which often have unstructured or shift work patterns. To reach these workers, the Health Promotion Board (HPB) uses a multi-channel strategy to provide them with access to health programmes, which are customised to meet their varied needs at the workplace.

## **Healthy Workplace Ecosystems** at industrial estates

With the introduction of the Healthy Workplace Ecosystems to the industrial estates, health initiatives are brought to the doorstep of workers in Small and Medium Enterprises (SMEs) who would otherwise typically have little or no access to health programmes.

By March 2018, HPB has reached out to 20,000 workers in the Ang Mo Kio, Bukit Batok, Bedok, Kallang Basin, Tampines and Woodlands industrial estates. With a large proportion of mature workers



in these industrial estates, there was a focus on the detection and management of chronic diseases such as diabetes, high blood pressure and high blood cholesterol. This included monthly on-site health coaching held for six months, where workers received personalised lifestyle advice on nutrition and physical activity at the convenience of their workplace.

**45%** of at-risk workers who returned for a follow-up screening after six months showed improvement in at least one health indicator

#### **Health in the Mailroom**

Recognising that the logistics sector is one with a high prevalence of mature workers, HPB customised a programme with SingPost for the employees in April 2016.

63

The programme, Health in the Mailroom, is a targeted intervention that brings health initiatives to mature mail processing workers at their workplace. It equips workers at the Paya Lebar Mail Processing Centre with the knowledge and skills to adopt better work and lifestyle habits to improve their health.

A monthly small-group health coaching intervention with a focus on chronic disease management and ergonomics has been implemented for workers across all work shifts.



EXPANDING OUTREACH TO THE WORKFORCE

To ensure relevance and accessibility to all employees, the Health in the Mailroom programme is held at a central location, conducted by trainers who can speak multiple languages and organised at timings that suit the workers' shift work schedule.

More than 450 mail processing workers have participated in the programme, with 85 per cent of the workers attending at least three coaching sessions. As part of the intervention programme, 96 per cent of the participants assessed were also able to demonstrate the correct and accurate ergonomic technique for manual material handling.





Workers participating in the Health in the Heartlands initiative

#### **Health in the Heartlands**

To engage hard-to-reach workers from the retail, cleaning, security and food services sectors, HPB rolled out the Health in the Heartlands initiative to bring customised health programmes to the doorstep of those who work in neighbourhood malls.

In November 2017, the initiative was launched at Loyang Point, attracting 500 participants. By March 2018, the initiative was scaled up to reach six other neighbourhood shopping malls including Elias Mall, Fajar Shopping Centre, Gek Poh Shopping Centre, Joo Chiat Complex, Rivervale Plaza and Yew Tee Square, bringing health programmes to 1,500 participants. This included health coaching, healthy cooking demonstrations and exercises. The programmes were customised to engage workers through quick and effective 15-minute sessions to ensure that it is operationally viable for them to attend the sessions regularly.

# **Nudging the Workforce to Adopt a Healthy Lifestyle**

To encourage more working adults to adopt a healthy lifestyle, programmes by the Health Promotion Board (HPB) are developed to nudge the working population towards eating healthier and engaging in physical activities. This is done by ensuring the relevance and pervasiveness of HPB's programmes on the ground.

#### Eat. Spin. Win.

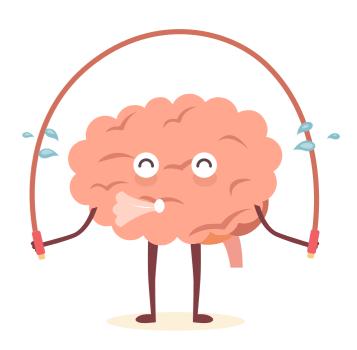
HPB ran a two-month Eat. Spin. Win. campaign to encourage workers in industrial estates to choose healthier food options that are available in the vicinity.

The simple spin-the-wheel activity encouraged participants to purchase healthier dishes for a chance to win instant prizes. This helped to generate demand for healthier dishes, motivating food operators to increase the supply of healthier alternatives.

Held during lunch hours in various industrial estates, the campaign garnered an average participation rate of 20 per cent among the workers from the industrial estates. Each worker also consumed an average of 20 healthier meals during the campaign.



Workers queuing up to spin the wheel to win prizes



#### **Promoting mental well-being**

As part of HPB's ongoing efforts to promote mental well-being in workplaces, HPB conducts experiential workshops at companies or cluster locations to build employees' knowledge and skills on mental well-being.

The workshops, which include crafting, music and mindfulness, aim to deliver the benefits of these therapeutic activities to participants to help them manage stress and build resilience.

In 2017, about 1,000 employees attended these workshops with 92 per cent of them indicating that the sessions helped them to learn more about mental well-being.

EXPANDING OUTREACH TO THE WORKFORCE

#### **Getting more working men active**

In a bid to get more working men to participate in physical activities, HPB conducted a preference survey among 300 men in nine Healthy Workplace Ecosystems (HWE) clusters to find out their preferred sports and games.

Applying these insights to customise programmes, HPB piloted futsal try-outs in 26 HWE clusters, and one-minute challenges of planking, push-ups and sit-ups as well as high-intensity activities such as HIIT, Fitness Bootcamp and Obstacle Course in 13 HWE clusters from March to May 2017. Over 600 workers participated in these physical activities.

HPB held the inaugural intra- and inter- HWE Futsal Champions League, which saw a strong response from 306 workers from 51 teams, representing 19 business clusters.

With the introduction of these new programmes, men's participation in HWE activities increased by three and a half times.



Working men participating in a Healthy Workplace Ecosystems (HWE) Futsal Champions League

#### Paya Lebar Steps Up challenge

Together with Paya Lebar Square and the Lifelong Learning Institute, HPB organised the Paya Lebar Steps Up challenge in January 2018. This was a Corporate Social Responsibility initiative to encourage workers in the Paya Lebar precinct to adopt healthy living habits and contribute to charity at the same time.

The challenge garnered 350 sign-ups. Participants earned Healthpoints by scanning QR codes when they attended physical activities organised at the Paya Lebar Precinct or used the stairs at the Lifelong

Learning Institute. These points were converted to vouchers, which were then donated to mass market retailer Giant's adopted charity programme, Food from the Heart's Community Food Pack Programme. This effort benefitted 100 needy families.

## National Steps Challenge™ - Corporate Challenge

In conjunction with the National Steps Challenge™, the Corporate Challenge was introduced in 2016 to motivate the working population to take more steps.

The 2017 edition was enhanced to provide more opportunities for rewards and recognition to participating workers. In addition to the overall winners, monthly winners and most improved organisations were also rewarded for their achievements. This provided organisations with additional motivation to stay active throughout the challenge period.

Organisations from different industries such as the finance, education and manufacturing sectors, joined the island-wide, inter-company challenge. As of March 2018, over 130,000 working adults have participated.



# Ensuring availability of physical activities near workplaces

In ensuring the pervasiveness of HPB's programmes, physical activities are organised at various locations and at suitable timings for the working population.

HPB's Fitness@Work programme caters to working adults looking to get active after working hours or on weekends. By using public spaces for physical fitness programmes, Fitness@Work encourages people to incorporate regular physical activity into their everyday routines.

Participants can enjoy moderate to vigorous weekly aerobic exercises at nine iconic locations around the Central Business District. Led by professional fitness and dance trainers, the sessions comprise mixed aerobics and dance workouts such as Zumba, KpopX Fitness, and Kickboxing, and are specially choreographed to suit participants of different fitness levels.

In 2017, 14 weekly sessions were held at nine sites, reaching out to 3,190 participants. This represents a total of 43,516 sign-ups across all the sessions.



Fitness@Work around the Central Business District



Participants at a Sunrise in the City workout session

The Sunrise in the City programme, a collaboration between HPB and key gym partners, is another initiative aimed at busy working adults. The programme allows working adults to kick-start their busy day with a moderate-intensity workout near their workplaces. With the overwhelming response from participants and gyms, the programme has expanded to include lunch-time and weekend sessions.

Under this programme, participants can make use of the facilities provided by the various gyms and studios and try up to 34 different types of workouts that are suitable for all fitness levels, including aerobic dance fitness, mind-body programmes, strength and conditioning workouts, and multi-dimensional stretches.

In October 2017, the Sunrise in the City programme was expanded from 60 weekly sessions at 30 sites in 2016 to 70 weekly sessions at 43 sites. As of March 2018, the programme was participated by 13,000 individuals. This represents a total of 58,000 sign-ups across all the sessions.

# LEVERAGING TECHNOLOGY TO INSPIRE HEALTHY LIVING



# **Leveraging Technology to Inspire Healthy Living**

To make healthy living easy, convenient and attractive, the Health Promotion Board (HPB) has created technology platforms, such as HealthHub and Healthy 365, to provide Singaporeans with healthy living information at their fingertips. This enables individuals to take charge of their health and make the right lifestyle and personal health choices.

#### **HealthHub Track**

HealthHub, Singapore's first online health portal and mobile application, was launched in 2015 to provide Singaporeans with personalised health information and e-services. In May 2017, a new feature, HealthHub Track, was rolled out offering a free personal health management tool in HealthHub, designed with Singaporeans' lifestyle and dietary habits in mind.

HealthHub Track provides Singaporeans with a suite of healthy living guides on getting fit, losing weight, sleeping better and reducing stress, to help users meet their health goals. Through notifications, users are provided with bite-sized content and advice on how to lead a healthy lifestyle, articles relevant to their lifestyles and short quizzes to guide them towards a healthier lifestyle.

There are also customised action plans for various user groups based on their health conditions, such as the Healthy Pregnancy journey for soon-to-be mums and the Prevent Diabetes journey for those who are at risk of developing diabetes.

The Prevent Diabetes journey is designed to encourage those at risk of developing diabetes to make lifestyle changes and adopt healthier habits to prevent the onset of the disease. A checklist of healthy habits reminds users to adopt a healthier diet and be more physically active.

Developed in collaboration with the KK Women's and Children's Hospital, the Healthy Pregnancy journey provides contextualised and personalised content suited to the different pregnancy stages. Expectant mothers will receive healthy lifestyle tips daily and have easy access to healthy recipes and exercise videos.



**40,000** HealthHub Track downloads as of March 2018

#### **Healthy 365**

Healthy 365 is a mobile application developed by HPB to guide Singaporeans towards healthy behaviours and nudge them to take greater ownership of their health and wellness. In 2017, the app was enhanced to nudge Singaporeans to lead a healthier lifestyle.

## **Building the digital ecosystem for healthier dining**

Healthy 365 provides the technology platform for the Eat, Drink, Shop Healthy Challenge, a national campaign which incentivised people to consume healthier foods and drinks when they dined out and purchased healthier food products at retail outlets. This was done through a rewards system that allowed participants to earn Healthpoints when they purchased healthier options from HPB's retail and food and beverage partners.

#### **Delivering a greater choice of rewards**

Healthy 365 was integrated with HPB's new rewards programme, allowing participants to use their Healthpoints to redeem a variety of rewards through an e-catalogue.

Since its launch in 2015, Healthy 365 has become one of the most popular fitness applications among Singaporeans. The app garnered over 600,000 user sign-ups for Season 3 of the National Steps Challenge™ and 320,000 sign-ups for the Eat, Drink, Shop Healthy Challenge in 2017.





# **Application of Analytics and Behavioural Insights**

The Health Promotion Board (HPB) leverages analytics and behavioural insights to inform and sharpen policy and programme design to ensure that its outreach and intervention efforts are more targeted, effective and sustainable.

# **Extending early detection** assessment to overweight children

Childhood obesity can affect a child's health and well-being. Overweight children are also more likely to grow up to be overweight adults.

Students who were severely overweight were referred to HPB's Student Health Centre for further medical assessment. In general, among the students who were referred, 30 per cent were found to have chronic conditions such as abnormal blood pressure, high blood cholesterol or impaired fasting blood glucose.

With childhood obesity on the rise, HPB conducted a study to assess the prevalence of chronic conditions among overweight students. The study found that the prevalence of chronic conditions was similar between the severely overweight and overweight students. To ensure early detection and intervention for overweight students, HPB extended its medical assessment services in 2017 to this group of students so that any chronic diseases, if they existed, could be treated early.

# Harnessing social elements to encourage more Singaporeans to stay active

To encourage more Singaporeans to stay active during weekends, HPB organises the Sundays @ The Park programme, a free weekly workout session in parks located in the heartlands. In sites where participation rates were higher, HPB observed that the participants tend to be more engaged and had also forged close bonds with one another. This suggested that social connectedness played an important role in attracting and sustaining regular interest and participation in these activities.

Armed with this insight, HPB experimented with simple interventions to promote social connectedness among participants at sites with low attendance. These included distributing name tags to create a sense of belonging to the group and introducing more interactive elements in each pilot session to allow participants to get to know one another better.

These interventions were effective in getting more individuals to regularly attend physical activity sessions. Repeat attendance increased by 60 per cent in two months at the pilot sites. These insights were subsequently used in other group programmes, such as Lose To Win®, to encourage stronger engagement and participation.

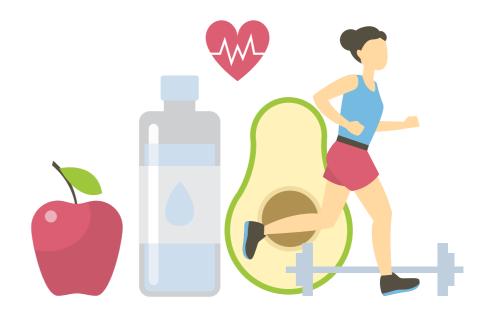
# Leveraging analytics to nudge Singaporeans to lead healthier lifestyles

In Season 1 of the National Steps Challenge™ which was launched in 2015, HPB found that more than half of the participants achieved all the three reward tiers within a three-month period.

In Season 2, to habituate walking as part of their daily lifestyle, HPB tweaked the original three-tiered rewards structure to six tiers, and increased the number of days a week participants needed to clock 10,000 steps to six days, instead of three days, in order to attain all the rewards during the challenge period. As a result, participants were more engaged, with 50 per cent clocking steps until the end of Season 2 as compared to only 36 per cent among participants from Season 1.

Similarly, insights gathered from HPB's
Eat, Drink, Shop Healthy Challenge helped to
refine the programme design to drive participants
to purchase healthier food items. In Season 1,
majority of the participants were observed to
achieve up to tier 1 rewards only. A deeper dive
into the data suggested that the participants
found it too difficult to achieve subsequent tiers
due to the large incremental effort required on
their part, leading to drop-outs after tier 1.

With this insight, HPB revised the rewards structure in Season 2 of the challenge, where participants were rewarded at smaller and more regular intervals to sustain interest. This kept participants continuously motivated and lowered the barrier to habit formation.





# **Living Our Core Values** as One HPB

As part of aligning behaviours to the desired mindsets and ways of working to achieve the common goal of building a nation of healthy people, the Health Promotion Board (HPB) refreshed its core values in 2017. The new set of principles preserves HPB's legacy, reflects its current practices and represents the future aspirations for health promotion in Singapore. Employees use the new core values as a guide in their work to make a positive impact on Singaporeans' lives.

# We live our core values as One HPB

**People-centricity** 

Care for people; inspire healthy living

Innovation

Dare to try; learn quickly

Excellence

Do our best; keep getting better

# **Celebrating HPB Role Models**

The annual HPB Employee of the Year Award recognises colleagues who exemplify the HPB core values. In 2017, ten employees were recognised and commended for bringing these core values to life.



Kumaran Utravathy
Regional Health & Community Outreach Division
Employee of the Year 2017 winner

"Kumaran is very meticulous in his work and very dependable. When help was needed to vet Tamil translations or troubleshoot step tracker issues at the National Steps Challenge™ roadshows, he never hesitated to help, even though he was loaded with work. Even under busy or stressful circumstances, he does it all with a smile."



"Shita displays critical thinking skills, possesses a positive attitude towards life and always focuses on finding the best way instead of finding an excuse whenever she is presented with challenges. She has been praised by the CHIJ (Kellock) Primary School for being understanding and accommodating to the school's requests to ensure successful implementation of the health screening programme."



77



Janet Loo Obesity Prevention & Management Division Employee of the Year 2017 winner

"Janet demonstrated versatility in her ability to solve different challenges. She has stepped out of her comfort zone to help solve problems such as finding creative ways to encourage healthy eating. She proposed the idea to create HPB's own healthier food truck, borrowing the idea from the Milo van, and suggested using crowdsourcing to gather more ideas on healthier eating places in Singapore."

# People at the Centre of What We Do

With HPB's mission of empowering Singaporeans to improve their health, all HPB employees are encouraged to have a 'people-first' mindset in everything they do; from citizen engagement to partner collaboration. HPB motivates and develops its people to grow meaningful and exciting careers as they contribute towards HPB's increasingly dynamic and challenging mission. Diverse roles are available within HPB to cater to employees' different skills, passions and areas of interests, enabling them to fulfil their career aspirations and full potential.

# Bringing in like-minded and passionate people

At HPB, employees are engaged in working together as One HPB to demonstrate the core values.

# Inspiring people towards their career best

The performance and career management framework grows the capability and capacity of HPB employees. To continue striving for a high-performing culture, there has been an improved focus to motivating and developing employees for better performance. The shift was achieved by highlighting employees' contributions to HPB's goals and having regular developmental conversations.

# Focusing on capabilities and potential

Recognising that employees have diverse aspirations, there was a shift in 2017 to focus more on employee capabilities and potential to grow their careers.

# Strengthening our leadership pipeline

In 2017, to strengthen the leadership pipeline, middle management employees were provided with more people management responsibilities to better prepare themselves for larger leadership roles. Capability-building roadmaps were also implemented to provide these employees with a systematic developmental path.



# **Commendation Award By NTUC**

In recognition of HPB's efforts to help employees build their skills and competencies to grow their career, HPB was conferred the Plaque of Commendation by National Trades Union Congress at the May Day celebration in 2017. This was a strong testimony to HPB's harmonious and collaborative relationship with the Union.

# Persevering Towards Excellence

Excellence and continuous improvement are entrenched guiding principles that continue to inspire HPB employees to do their best to achieve shared goals and exceed expectations. These efforts have been recognised through various certifications and awards.

# **Singapore Quality Class STAR Award**

HPB has been on the business excellence journey since 2002. The Business Excellence initiative administered by Spring Singapore, provides organisations with a roadmap for excellence and helps them understand how to improve their performance.

In December 2017, HPB successfully obtained recertification for the Singapore Quality Class STAR Award with Innovation and People Standard. This is a reflection of the maturity of HPB's business systems and processes in helping to achieve organisational goals, people development and innovation, and serves as an endorsement of its health promotion efforts and strategies.

# Singapore Excellence in Public Service Award

The Healthier Choice Symbol programme received the 'Best Practice Award - Best Stakeholder Communication and Engagement Category' in the 2018 Singapore Excellence in Public Service Awards (ExPSA), which recognise public officers and agencies for service and organisational excellence.

To accelerate the adoption of Healthier Choice Symbol programme, the HPB team mobilised new stakeholders to enhance the healthy 'eatin' landscape. Initiatives included collaborating with industry partners to innovate and promote the Healthier Choice Symbol offerings, and influencing consumers at strategic touchpoints to choose the Healthier Choice Symbol products over less healthy options.



79

# 11th Tan Chin Tuan Nursing Award for Enrolled Nurses 2017

The Tan Chin Tuan Nursing Award, founded by the DS Lee Foundation in 2006, represents the pinnacle of distinction for enrolled nurses. It recognises promising and talented enrolled nurses who have exhibited excellence and dedication in the nursing profession. This year, only ten enrolled nurses were conferred the award, and HPB's employee, Umisah Binte Abdullatib was one of the Merit winners.

# **National Day Award 2017 - Efficiency Award**



Cheong Wai Leong
Higher Dental Therapist, Youth Preventive Services

Justina is instrumental to the success of many programmes and campaigns in HPB. While working towards the objectives of the Corporate and Industry Partnerships division and HPB's strategic goals as a whole, she has shown herself to be adaptive and resilient. She also takes on new challenges with a positive spirit.

# 2017 NATIONAL DAY AWARDS INVESTITURE Ministry of the premiser 2017

For the last ten years, Wai Leong

school children in static and mobile

school children. He keenly shares his

colleagues and guides the new and junior dental therapists in dental

skills and career development. He

also provides dental career talks to

school children to promote dental

therapist as a profession.

has been providing oral health

care to primary and secondary

dental clinics. He is a role model

knowledge and experiences with

and mentor to colleagues and

Justina Ng Manager, Corporate & Industry Partnerships

# **Healthcare Humanity Award 2017**

In 2017, two outstanding employees, Irene Ang Phuay Tein, Higher Dental Therapist, and Norsiha Binte Basri, Senior Staff Nurse, from Youth Preventive Services were conferred the Healthcare Humanity Award for being inspirational role models. They went the extra mile to offer care and comfort to those in poor health. The award aims to raise public recognition and respect for the healthcare profession as a noble one.

# **HPB Quality Service Award 2017**

The HPB Quality Service Award recognises employees who demonstrate service excellence in their work by going the extra mile and making positive impact on their stakeholders. These employees inspire their peers to perform their best in their work. In 2017, the award was presented to seven teams and 133 individuals.

# **HPB Innovation Award 2017**

HPB strives to strengthen a culture of innovation that pushes boundaries and explores new possibilities to create a greater impact in healthy living.

The HPB Innovation Award recognises outstanding innovations and project teams that have learnt from the past, challenged assumptions, and tried new ways of working. In 2017, 23 project nominations were received for the awards. The projects explored different ways to generate greater awareness on healthy living and nudge behaviour change among Singaporeans to lead a healthier lifestyle.

The Healthpoint Rewards Loyalty Programme received the Gold award under the Health Promotion Category. The programme leverages technology by developing a digital platform that integrates e-voucher, real-time clearing system and a loyalty platform with automated merchant on board.

This unified the issuance of reward points, centralised the reward management and reduced financial and inventory risk with the removal of physical vouchers. To date, more than 130,000 unique users have made redemptions.

The HPB-SportSG Joint Physical Activity Mega Tender also received the Gold award under the Enabling Process Category. The first ever interagency tender for physical activity programmes and trainer support enabled HPB and SportSG to achieve significant cost savings of over 40 per cent, compared with taking a single-agency approach.

81



The Healthpoint Rewards Loyalty Programme received the Gold award under the Health Promotion Category



The HPB-SportSG Joint Physical Activity Mega Tender project received the Gold award under the Enabling Process Category



# **Corporate Governance**

# **Corporate Governance**

The Health Promotion Board (HPB) was established on 1 April 2001 to perform the functions, objects and duties set out in the Health Promotion Board Act (Chapter 122B) (the Act). HPB was also registered as a charity (Registration no: 01810) under the Charities Act (Chapter 37) since 17 September 2004.

# **Board of Directors**

The Board of Directors (the Board) comprises eleven independent members from a variety of sectors including academia, audit, finance, healthcare and the public sector. It is committed to ensuring the highest standards of corporate governance and managing operations and programmes well to achieve its objectives. The Board reviews and approves HPB's strategies, plans and financial budgets to ensure that activities and resources allocated are optimised to meet HPB's objectives and key priorities. It ensures that internal control systems and processes are in place to comply with applicable laws and regulations and to preserve integrity and transparency within HPB. The Board also approves documented human resources policies in the key areas of recruitment, remuneration and benefits.

There are four board committees with written terms of reference approved by the Board. These committees are the Personnel Board, Audit & Risk Management Committee, Medical and Dental Board, and the Investment Committee. Each committee helms the different aspects of strategic and operational management and control.

The members of the Board are paid allowances based on the rates set by the Public Service Division, which ranges from \$5,625 to \$22,500. The total board member allowances for FY 2017/2018 is \$104,063.

# **Disclosure & Transparency**

There are clear policies and procedures for board members and staff to declare, prevent and address potential or actual conflict of interest. Where conflict of interest arises, they do not vote or participate in discussions and decision-making on the subject matter.

All staff are expected to uphold the integrity of the Public Service to instil public confidence and trust by adhering to HPB's Code of Conduct. An Internal Disclosure (whistle-blowing) policy is also in place to empower staff to report wrongful practices in HPB directly to the Chairperson of the Audit & Risk Management Committee or to the Chairman of the Board.

Among the top three HPB key executives in FY2017/2018, one key executive receives annual remuneration between \$600,000 to \$700,000 and two between \$400,000 to \$500,000. The annual remuneration includes salary, bonus, benefits and employers' CPF contributions.

# **Reserve Policy Statement**

HPB manages its reserves judiciously and reviews it annually to ensure long-term financial sustainability. As at 31 March 2018, our reserves stood at \$39.5m (or 16% of HPB's annual expenditure) and are unrestricted for use to fund capital and operational requirements, including the funding of deficits as and when they arise.

# ANNUAL FINANCIAL STATEMENTS



# Index

Statement by Directors	85
Independent Auditor's Report	86
Statement of Financial Position	90
Statement of Comprehensive Income	91
Statement of Changes in Equity	92
Statement of Cash Flows	93
Notes to the Financial Statements	94

# **Statement by Directors**

We, Philip Lee Sooi Chuen and Zee Yoong Kang, on behalf of Health Promotion Board (the "Board"), do hereby state that, in our opinion:

85

- The accompanying statement of financial position, statement of comprehensive income, statement of changes in equity and statement of cash flows together with the notes thereto are drawn up so as to give true and fair view of the financial position of the Board as at 31 March 2018 and the financial performance, changes in equity and cash flows of the Board for the financial year then ended: and
- At the date of this statement, there are reasonable grounds to believe that the Board will be able to pay its debts as and when they fall due.

On behalf of the Board:

Philip Lee Sooi Chuen Chairman

Zee Yoong Kang Chief Executive Officer

Singapore 26 June 2018

# **Independent Auditor's Report**

For the financial year ended 31 March 2018

Independent auditor's report to the member of the Health Promotion Board

# Report on the audit of the financial statements

# **Opinion**

We have audited the financial statements of Health Promotion Board (the "Board"), which comprise the Statement of financial position as at 31 March 2018, the statement of comprehensive income, statement of changes in equity and Statement of cash flows of the Board for the financial year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements are properly drawn up in accordance with the provisions of the Health Promotion Board Act, Chapter 122B (the "Act"), Charities Act, Chapter 37 (the "Charities Act") and Statutory Board Financial Reporting Standards in Singapore (SB-FRSs) so as to give a true and fair view of the financial position of the Board as at 31 March 2018 and of the financial performance, changes in equity and cash flows of the Board for the financial year ended on that date.

## **Basis for opinion**

We conducted our audit in accordance with Singapore Standards on Auditing (SSAs). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the Board in accordance with the Accounting and Corporate Regulatory Authority (ACRA) Code of Professional Conduct and Ethics for Public Accountants and Accounting Entities (ACRA Code) together with the ethical requirements that are relevant to our audit of the financial statements in Singapore, and we have fulfilled our other ethical responsibilities in accordance with these requirements and the ACRA Code. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

# Other information

Management is responsible for other information. The other information comprises the information included in the annual report, but does not include the financial statements and our auditor's report thereon.

Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

# **Independent Auditor's Report**

For the financial year ended 31 March 2018

Independent auditor's report to the member of the Health Promotion Board

# Report on the audit of the financial statements (cont'd)

# Responsibilities of management and directors for the financial statements

Management is responsible for the preparation of financial statements that give a true and fair view in accordance with the provisions of the Act and SB-FRSs, and for devising and maintaining a system of internal accounting controls sufficient to provide a reasonable assurance that assets are safeguarded against loss from unauthorised use or disposition; and transactions are properly authorised and that they are recorded as necessary to permit the preparation of true and fair financial statements and to maintain accountability of assets.

In preparing the financial statements, management is responsible for assessing the Board's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Board or to cease operations, or has no realistic alternative but to do so.

The directors' responsibilities include overseeing the Board's financial reporting process.

# Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with SSAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with SSAs, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due
  to fraud or error, design and perform audit procedures responsive to those risks, and obtain
  audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of
  not detecting a material misstatement resulting from fraud is higher than for one resulting from
  error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the
  override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Board's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.

# **Independent Auditor's Report**

For the financial year ended 31 March 2018

Independent auditor's report to the member of the Health Promotion Board

# Report on the audit of the financial statements (cont'd)

# Auditor's responsibilities for the audit of the financial statements (cont'd)

- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Board's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Board to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the directors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

# Report on other legal and regulatory requirements

In our opinion, the accounting and other records required by the Act to be kept by the Board have been properly kept in accordance with the provisions of the Act.

- the receipt, expenditure, investment of moneys and the acquisition and disposal of assets by the Board during the year are, in all material respects, in accordance with the provisions of the Act; and
- proper accounting and other records required have been kept, including records of all assets of the Board whether purchased, donated or otherwise.

The Board did not hold any public fund raising appeals during the financial year.

#### **Basis for opinion**

We conducted our audit in accordance with SSAs. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Compliance Audit section of our report. We are independent of the Board in accordance with the ACRA Code together with the ethical requirements that are relevant to our audit of the financial statements in Singapore, and we have fulfilled our other ethical responsibilities in accordance with these requirements and the ACRA Code. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on management's compliance.

# **Independent Auditor's Report**

For the financial year ended 31 March 2018

Independent auditor's report to the member of the Health Promotion Board

# Report on other legal and regulatory requirements (cont'd)

# Responsibilities of management for compliance with legal and regulatory requirements

Management is responsible for ensuring that the receipts, expenditure, investment of moneys and the acquisition and disposal of assets, are in accordance with the provisions of the Act. This responsibility includes implementing accounting and internal controls as management determines are necessary to enable compliance with the provisions of the Act.

# Auditor's responsibilities for the compliance audit

Our responsibility is to express an opinion on management's compliance based on our audit of the financial statements. We planned and performed the compliance audit to obtain reasonable assurance about whether the receipts, expenditure, investment of moneys and the acquisition and disposal of assets, are in accordance with the provisions of the Act.

Our compliance audit includes obtaining an understanding of the internal control relevant to the receipts, expenditure, investment of moneys and the acquisition and disposal of assets; and assessing the risks of material misstatement of the financial statements from non-compliance, if any, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Because of the inherent limitations in any accounting and internal control system, non-compliances may nevertheless occur and not be detected.

Enur - Jourgue

Ernst & Young LLP Public Accountants and Chartered Accountants

Singapore 26 June 2018

# **Statement of Financial Position**

# As at 31 March 2018

Non-current assets           Property, plant and equipment         4         9,715,048         6,305,823           Intangible assets         5         5,036,918         5,046,975           Held-to-maturity investments         6         14,981,500         −           29,733,466         11,352,798           Current assets           Receivables         7         2,662,050         2,531,882           Prepayments         1,194,159         301,488           Grant receivables         8         11,451,993         15,580,893           Cash and cash equivalents         10         98,633,071         113,939,153           113,941,273         132,353,416         132,353,416           Current liabilities           Payables and accruals         11         53,773,386         48,214,643           Grants received in advance         8         1,058,343         779,055           54,831,729         48,993,698           Net current assets         59,109,544         83,359,718           Non-current liabilities         2         377,232         638,699           Obligations in respect of pension scheme         13         7,943,913         9,722,356           80,521,865		Note	2017/2018 \$	<b>2016/2017</b> \$
Intangible assets	Non-current assets			
Held-to-maturity investments       6       14,981,500       —         29,733,466       11,352,798         Current assets       Preceivables       7       2,662,050       2,531,882         Prepayments       1,194,159       301,488         Grant receivables       8       11,451,993       15,580,893         Cash and cash equivalents       10        98,633,071       113,939,153         13,941,273       132,353,416         Current liabilities         Payables and accruals       11       53,773,386       48,214,643         Grants received in advance       8       1,058,343       779,055         54,831,729       48,993,698         Net current assets       59,109,544       83,359,718         Non-current liabilities       59,109,544       83,359,718         Non-current liabilities       2       377,232       638,699         Obligations in respect of pension scheme       13       7,943,913       9,722,356         Net assets       80,521,865       84,351,461         Equity         Share capital       14       41,044,244       35,870,054         Accumulated surplus       39,477,621       48,481,407	Property, plant and equipment	4	9,715,048	6,305,823
Current assets           Receivables         7         2,662,050         2,531,882           Prepayments         1,194,159         301,488           Grant receivables         8         11,451,993         15,580,893           Cash and cash equivalents         10         98,633,071         113,939,153           113,941,273         132,353,416           Current liabilities           Payables and accruals         11         53,773,386         48,214,643           Grants received in advance         8         1,058,343         779,055           54,831,729         48,993,698           Net current assets         59,109,544         83,359,718           Non-current liabilities         59,109,544         83,359,718           Non-current liabilities         59,109,544         83,359,718           Non-current liabilities         12         377,232         638,699           Obligations in respect of pension scheme         13         7,943,913         9,722,356           8,321,145         10,361,055         80,521,865         84,351,461           Equity           Share capital         14         41,044,244         35,870,054           Accumulated surplus         39,477,621<	Intangible assets	5	5,036,918	5,046,975
Current assets         Receivables       7       2,662,050       2,531,882         Prepayments       1,194,159       301,488         Grant receivables       8       11,451,993       15,580,893         Cash and cash equivalents       10       98,633,071       113,939,153         113,941,273       132,353,416         Current liabilities         Payables and accruals       11       53,773,386       48,214,643         Grants received in advance       8       1,058,343       779,055         54,831,729       48,993,698         Net current assets       59,109,544       83,359,718         Non-current liabilities       59,109,544       83,359,718         Non-current liabilities       12       377,232       638,699         Obligations in respect of pension scheme       13       7,943,913       9,722,356         8,321,145       10,361,055       84,351,461         Equity       Share capital       14       41,044,244       35,870,054         Accumulated surplus       39,477,621       48,481,407	Held-to-maturity investments	6	14,981,500	_
Receivables       7       2,662,050       2,531,882         Prepayments       1,194,159       301,488         Grant receivables       8       11,451,993       15,580,893         Cash and cash equivalents       10       98,633,071       113,939,153         113,941,273       132,353,416         Current liabilities         Payables and accruals         Grants received in advance       8       1,058,343       779,055         54,831,729       48,993,698         Net current assets       59,109,544       83,359,718         Non-current liabilities         Deferred capital grants       12       377,232       638,699         Obligations in respect of pension scheme       13       7,943,913       9,722,356         8,321,145       10,361,055       84,351,461         Equity         Share capital       14       41,044,244       35,870,054         Accumulated surplus       39,477,621       48,481,407			29,733,466	11,352,798
Receivables       7       2,662,050       2,531,882         Prepayments       1,194,159       301,488         Grant receivables       8       11,451,993       15,580,893         Cash and cash equivalents       10       98,633,071       113,939,153         113,941,273       132,353,416         Current liabilities         Payables and accruals         Grants received in advance       8       1,058,343       779,055         54,831,729       48,993,698         Net current assets       59,109,544       83,359,718         Non-current liabilities         Deferred capital grants       12       377,232       638,699         Obligations in respect of pension scheme       13       7,943,913       9,722,356         8,321,145       10,361,055       84,351,461         Equity         Share capital       14       41,044,244       35,870,054         Accumulated surplus       39,477,621       48,481,407	Current assets			
Prepayments       1,194,159       301,488         Grant receivables       8       11,451,993       15,580,893         Cash and cash equivalents       10       98,633,071       113,939,153         113,941,273       132,353,416         Current liabilities         Payables and accruals         Grants received in advance       8       1,058,343       779,055         54,831,729       48,993,698         Net current assets       59,109,544       83,359,718         Non-current liabilities         Deferred capital grants       12       377,232       638,699         Obligations in respect of pension scheme       13       7,943,913       9,722,356         8,321,145       10,361,055       8,321,145       10,361,055         Net assets       80,521,865       84,351,461         Equity         Share capital       14       41,044,244       35,870,054         Accumulated surplus       39,477,621       48,481,407		7	2,662,050	2,531,882
Grant receivables       8       11,451,993       15,580,893         Cash and cash equivalents       10       98,633,071       113,939,153         113,941,273       132,353,416         Current liabilities         Payables and accruals       11       53,773,386       48,214,643         Grants received in advance       8       1,058,343       779,055         54,831,729       48,993,698         Net current assets       59,109,544       83,359,718         Non-current liabilities         Deferred capital grants       12       377,232       638,699         Obligations in respect of pension scheme       13       7,943,913       9,722,356         8,321,145       10,361,055         Net assets       80,521,865       84,351,461         Equity         Share capital       14       41,044,244       35,870,054         Accumulated surplus       39,477,621       48,481,407	Prepayments			
Cash and cash equivalents       10       98,633,071       113,939,153         Current liabilities         Payables and accruals       11       53,773,386       48,214,643         Grants received in advance       8       1,058,343       779,055         54,831,729       48,993,698         Net current assets       59,109,544       83,359,718         Non-current liabilities         Deferred capital grants       12       377,232       638,699         Obligations in respect of pension scheme       13       7,943,913       9,722,356         8,321,145       10,361,055         Net assets       80,521,865       84,351,461         Equity         Share capital       14       41,044,244       35,870,054         Accumulated surplus       39,477,621       48,481,407		8		
Tila,941,273       132,353,416         Current liabilities         Payables and accruals       11       53,773,386       48,214,643         Grants received in advance       8       1,058,343       779,055         54,831,729       48,993,698         Net current assets       59,109,544       83,359,718         Non-current liabilities       2       377,232       638,699         Obligations in respect of pension scheme       13       7,943,913       9,722,356         8,321,145       10,361,055       8,321,145       10,361,055         Net assets       80,521,865       84,351,461         Equity         Share capital       14       41,044,244       35,870,054         Accumulated surplus       39,477,621       48,481,407	Cash and cash equivalents	10		
Payables and accruals       11       53,773,386       48,214,643         Grants received in advance       8       1,058,343       779,055         54,831,729       48,993,698         Net current assets         Non-current liabilities         Deferred capital grants       12       377,232       638,699         Obligations in respect of pension scheme       13       7,943,913       9,722,356         Net assets       8,321,145       10,361,055         Net assets       80,521,865       84,351,461         Equity         Share capital       14       41,044,244       35,870,054         Accumulated surplus       39,477,621       48,481,407	·		113,941,273	132,353,416
Net current assets       59,109,544       83,359,718         Non-current liabilities       2 377,232 638,699         Deferred capital grants       12 377,232 638,699         Obligations in respect of pension scheme       13 7,943,913 9,722,356         8,321,145 10,361,055         Net assets       80,521,865 84,351,461         Equity         Share capital       14 41,044,244 35,870,054         Accumulated surplus       39,477,621 48,481,407	Payables and accruals			
Non-current liabilities         Deferred capital grants       12       377,232       638,699         Obligations in respect of pension scheme       13       7,943,913       9,722,356         8,321,145       10,361,055         Net assets       80,521,865       84,351,461         Equity         Share capital       14       41,044,244       35,870,054         Accumulated surplus       39,477,621       48,481,407			54,831,729	48,993,698
Deferred capital grants       12       377,232       638,699         Obligations in respect of pension scheme       13       7,943,913       9,722,356         8,321,145       10,361,055         80,521,865       84,351,461         Equity         Share capital       14       41,044,244       35,870,054         Accumulated surplus       39,477,621       48,481,407	Net current assets		59,109,544	83,359,718
Obligations in respect of pension scheme       13       7,943,913       9,722,356         8,321,145       10,361,055         Net assets       80,521,865       84,351,461         Equity         Share capital       14       41,044,244       35,870,054         Accumulated surplus       39,477,621       48,481,407	Non-current liabilities			
Net assets       8,321,145       10,361,055         80,521,865       84,351,461         Equity       14       41,044,244       35,870,054         Accumulated surplus       39,477,621       48,481,407	Deferred capital grants	12	377,232	638,699
Net assets       80,521,865       84,351,461         Equity       Share capital       14       41,044,244       35,870,054         Accumulated surplus       39,477,621       48,481,407	Obligations in respect of pension scheme	13	7,943,913	9,722,356
Equity         Share capital       14       41,044,244       35,870,054         Accumulated surplus       39,477,621       48,481,407			8,321,145	10,361,055
Share capital       14       41,044,244       35,870,054         Accumulated surplus       39,477,621       48,481,407	Net assets		80,521,865	84,351,461
Share capital       14       41,044,244       35,870,054         Accumulated surplus       39,477,621       48,481,407	Equity			
Accumulated surplus 39,477,621 48,481,407		14	41,044,244	35,870,054
· · · · · · · · · · · · · · · · · · ·				
			80,521,865	84,351,461

# **Statement of Comprehensive Income**

# For the financial year ended 31 March 2018

Non-receive maintenance income   1,326,336   1,343,611     Interest income   1,438,546   1,425,410     Other income   16   788,914   797,025     Donation income   1,611,410   1,191,265     5,165,206   4,757,311     Expenditure		Note	2017/2018 \$	<b>2016/2017</b> \$
Interest income	Income			
Other income       16       788,914       797,025         Donation income       1,611,410       1,191,265         5,165,206       4,757,311         Expenditure         Staff cost       17       (85,009,505)       (84,182,545)         Programme and marketing expenses       (111,549,990)       (99,936,052)         General and administrative expenses       (25,199,994)       (25,254,199)         Information technology services and maintenance       (21,056,776)       (19,516,493)         Expenditure       (237,651,059)       (224,131,978)         Deficit before grants       9       239,363,886       234,366,047         Non-government operating grants       9       341,729       214,999         Deferred government capital grants amortised       12       285,669       637,496         Expenditure       239,991,284       235,218,542         Surplus for the financial year       2,340,225       11,086,564         Other comprehensive income         Item that will not be reclassified to profit or loss         Actuarial losses on obligations in respect of pension scheme       (257,011)       –	Service maintenance income		1,326,336	1,343,611
Expenditure         1,611,410         1,191,265           Staff cost         17         (85,009,505)         (84,182,545)           Programme and marketing expenses         (111,549,990)         (99,936,052)           General and administrative expenses         (25,199,994)         (25,254,199)           Information technology services and maintenance         (21,056,776)         (19,516,493)           Deficit before grants         (237,651,059)         (224,131,978)           Grants           Government operating grants         9         239,363,886         234,366,047           Non-government operating grants         9         341,729         214,999           Deferred government capital grants amortised         12         285,669         637,496           Surplus for the financial year         2,340,225         11,086,564           Other comprehensive income           Item that will not be reclassified to profit or loss           Actuarial losses on obligations in respect of pension scheme         (257,011)         -	Interest income		1,438,546	1,425,410
Expenditure         5,165,206         4,757,311           Staff cost         17         (85,009,505)         (84,182,545)           Programme and marketing expenses         (111,549,990)         (99,936,052)           General and administrative expenses         (25,199,994)         (25,254,199)           Information technology services and maintenance         (21,056,776)         (19,516,493)           Deficit before grants         (237,651,059)         (224,131,978)           Grants         (237,651,059)         (224,131,978)           Government operating grants         9         239,363,886         234,366,047           Non-government operating grants         9         341,729         214,999           Deferred government capital grants amortised         12         285,669         637,496           Surplus for the financial year         2,340,225         11,086,564           Other comprehensive income         (257,011)         -           Item that will not be reclassified to profit or loss         (257,011)         -	Other income	16	788,914	797,025
Expenditure  Staff cost 17 (85,009,505) (84,182,545)  Programme and marketing expenses (111,549,990) (99,936,052)  General and administrative expenses (25,199,994) (25,254,199)  Information technology services and maintenance (21,056,776) (19,516,493)  (242,816,265) (228,889,289)  Deficit before grants (237,651,059) (224,131,978)  Grants  Government operating grants 9 239,363,886 234,366,047  Non-government operating grants 9 341,729 214,999  Deferred government capital grants amortised 12 285,669 637,496  239,991,284 235,218,542  Surplus for the financial year 2,340,225 11,086,564  Other comprehensive income  Item that will not be reclassified to profit or loss  Actuarial losses on obligations in respect of pension scheme (257,011) —	Donation income		1,611,410	1,191,265
Staff cost       17       (85,009,505)       (84,182,545)         Programme and marketing expenses       (111,549,990)       (99,936,052)         General and administrative expenses       (25,199,994)       (25,254,199)         Information technology services and maintenance       (21,056,776)       (19,516,493)         (242,816,265)       (228,889,289)         Deficit before grants       (237,651,059)       (224,131,978)         Grants       9       239,363,886       234,366,047         Non-government operating grants       9       341,729       214,999         Deferred government capital grants amortised       12       285,669       637,496         239,991,284       235,218,542         Surplus for the financial year       2,340,225       11,086,564         Other comprehensive income         Item that will not be reclassified to profit or loss         Actuarial losses on obligations in respect of pension scheme       (257,011)       -			5,165,206	4,757,311
Programme and marketing expenses       (111,549,990)       (99,936,052)         General and administrative expenses       (25,199,994)       (25,254,199)         Information technology services and maintenance       (21,056,776)       (19,516,493)         (242,816,265)       (228,889,289)         Deficit before grants       (237,651,059)       (224,131,978)         Grants         Government operating grants       9       239,363,886       234,366,047         Non-government operating grants       9       341,729       214,999         Deferred government capital grants amortised       12       285,669       637,496         239,991,284       235,218,542     Surplus for the financial year         2,340,225       11,086,564         Other comprehensive income         Item that will not be reclassified to profit or loss         Actuarial losses on obligations in respect of pension scheme       (257,011)       -	Expenditure			
General and administrative expenses       (25,199,994)       (25,254,199)         Information technology services and maintenance       (21,056,776)       (19,516,493)         (242,816,265)       (228,889,289)         Deficit before grants       (237,651,059)       (224,131,978)         Grants         Government operating grants       9       239,363,886       234,366,047         Non-government operating grants       9       341,729       214,999         Deferred government capital grants amortised       12       285,669       637,496         239,991,284       235,218,542         Surplus for the financial year       2,340,225       11,086,564         Other comprehensive income         Item that will not be reclassified to profit or loss         Actuarial losses on obligations in respect of pension scheme       (257,011)       -	Staff cost	17	(85,009,505)	(84,182,545)
Information technology services and maintenance	Programme and marketing expenses		(111,549,990)	(99,936,052)
(242,816,265) (228,889,289)	General and administrative expenses		(25,199,994)	(25,254,199)
Deficit before grants  Grants  Government operating grants  Non-government operating grants  Deferred government capital grants amortised  Surplus for the financial year  Other comprehensive income  Item that will not be reclassified to profit or loss  Actuarial losses on obligations in respect of pension scheme  (237,651,059) (224,131,978) (237,651,059) (224,131,978) (237,651,059) (224,131,978) (237,651,059) (224,131,978) (237,651,059) (224,131,978)	Information technology services and maintenance		(21,056,776)	(19,516,493)
Grants Government operating grants 9 239,363,886 234,366,047 Non-government operating grants 9 341,729 214,999 Deferred government capital grants amortised 12 285,669 637,496 239,991,284 235,218,542  Surplus for the financial year 2,340,225 11,086,564  Other comprehensive income Item that will not be reclassified to profit or loss Actuarial losses on obligations in respect of pension scheme (257,011) —			(242,816,265)	(228,889,289)
Government operating grants  9 239,363,886 234,366,047  Non-government operating grants  9 341,729 214,999  Deferred government capital grants amortised  12 285,669 637,496  239,991,284 235,218,542  Surplus for the financial year  2,340,225 11,086,564  Other comprehensive income  Item that will not be reclassified to profit or loss  Actuarial losses on obligations in respect of pension scheme  (257,011) —	Deficit before grants		(237,651,059)	(224,131,978)
Non-government operating grants  Deferred government capital grants amortised  12 285,669 637,496  239,991,284 235,218,542  Surplus for the financial year  2,340,225 11,086,564  Other comprehensive income  Item that will not be reclassified to profit or loss  Actuarial losses on obligations in respect of pension scheme  (257,011) —	Grants			
Deferred government capital grants amortised  12 285,669 637,496 239,991,284 235,218,542  Surplus for the financial year  2,340,225 11,086,564  Other comprehensive income  Item that will not be reclassified to profit or loss  Actuarial losses on obligations in respect of pension scheme  (257,011) –	Government operating grants	9	239,363,886	234,366,047
Surplus for the financial year  2,340,225  11,086,564  Other comprehensive income  Item that will not be reclassified to profit or loss  Actuarial losses on obligations in respect of pension scheme  (257,011)  -	Non-government operating grants	9	341,729	214,999
Surplus for the financial year  2,340,225  11,086,564  Other comprehensive income  Item that will not be reclassified to profit or loss  Actuarial losses on obligations in respect of pension scheme  (257,011)  -	Deferred government capital grants amortised	12	285,669	637,496
Other comprehensive income  Item that will not be reclassified to profit or loss  Actuarial losses on obligations in respect of pension scheme (257,011) –			239,991,284	235,218,542
Item that will not be reclassified to profit or loss  Actuarial losses on obligations in respect of pension scheme (257,011) –	Surplus for the financial year		2,340,225	11,086,564
Actuarial losses on obligations in respect of pension scheme (257,011) –	Other comprehensive income			
	Item that will not be reclassified to profit or loss			
Total comprehensive income 2,083,214 11,086,564	Actuarial losses on obligations in respect of pension scheme		(257,011)	_
	Total comprehensive income		2,083,214	11,086,564

# **Statement of Changes In Equity**

For the financial year ended 31 March 2018

	Share capital \$	Accumulated surplus \$	Total \$
At 1 April 2017	35,870,054	48,481,407	84,351,461
Issuance of ordinary shares (Note 14)	5,174,190	-	5,174,190
Surplus for the financial year	_	2,340,225	2,340,225
Other comprehensive income	_	(257,011)	(257,011)
Dividends paid (Note 15)	_	(11,087,000)	(11,087,000)
Total comprehensive income	_	(9,003,786)	(9,003,786)
At 31 March 2018	41,044,244	39,477,621	80,521,865
At 1 April 2016	34,473,849	39,483,843	73,957,692
Issuance of ordinary shares (Note 14)	1,396,205	-	1,396,205
Surplus for the financial year	_	11,086,564	11,086,564
Dividends paid (Note 15)	_	(2,089,000)	(2,089,000)
Total comprehensive income	_	8,997,564	8,997,564
At 31 March 2017	35,870,054	48,481,407	84,351,461

# **Statement of Cash Flows**

For the financial year ended 31 March 2018

	Note	2017/2018	<b>2016/2017</b> \$
Cash flows from operating activities			
Deficit before grants		(237,651,059)	(224,131,978)
Adjustments for:			
Depreciation of property, plant and equipment	4	2,005,162	2,381,993
Amortisation of intangible assets	5	3,035,327	4,461,009
Loss on disposal of property, plant and equipment and intangible assets		871	18,090
Write-off of intangible assets		15,806	486,676
Interest income		(1,438,546)	(1,425,410)
Actuarial losses on obligations in respect of pension scheme		(257,011)	_
		(234,289,450)	(218,209,620)
Change in working capital:			
Receivables and prepayment		(1,238,428)	(704,899)
Payables and accruals		5,558,743	(2,511,983)
Obligations in respect of pension scheme	13	(1,778,443)	(734,507)
Net cash used in operating activities		(231,747,578)	(222,161,009)
Cash flows from investing activities			
Interest received		1,654,135	1,137,884
Purchase of held-to-maturity investments		(14,981,500)	_
Purchase of property, plant and equipment	4	(5,415,258)	(2,306,834)
Purchase of intangible assets	5	(3,041,076)	(504,036)
Net cash (used in)/generated from investing activities		(21,783,699)	(1,672,986)
Cash flows from financing activity			
Government grants received	8(a), 8(b)	243,919,176	233,219,144
Other grants received	8(c)	218,829	312,349
Proceeds from issuance of shares	14	5,174,190	1,396,205
Dividend payment	15	(11,087,000)	(2,089,000)
Net cash generated from financing activity		238,225,195	232,838,698
Net increase in cash and cash equivalents		(15,306,082)	9,004,703
Cash and cash equivalents at beginning of the financial year		113,939,153	104,934,450
Cash and cash equivalents at end of the financial year	10	98,633,071	113,939,153
and the second of the second o			,,

93

The accompanying accounting policies and explanatory notes form an integral part of the financial statements.

The accompanying accounting policies and explanatory notes form an integral part of the financial statements.

ANNUAL REPORT 2017/2018

# **Notes to the Financial Statements**

# For the financial year ended 31 March 2018

#### 1. Domicile and activities

Health Promotion Board (the "Board") was established on 1 April 2001 under the provisions of the Health Promotion Board Act (Chapter 122B) (the "Act") and is under the purview of the Ministry of Health. As a statutory board, the Board is subject to the directions of the Ministry of Health, and is required to implement policies and policy changes as determined by its supervisory ministry. The Board's registered office is located at 3 Second Hospital Avenue, Singapore 168937.

The Board is also registered as a charity (Registration No: 01810) under the Charities Act (Chapter 37) since 17 September 2004.

The principal activities of the Board are to:

- (a) advise the Government, either of its own motion or upon request made to it by the Minister, on all matters connected with the promotion of good health and healthy lifestyles amongst the people of Singapore, including the formulation of policies, the creation of conditions and the provision of public facilities that are conducive to the promotion of good health and healthy lifestyle amongst the people of Singapore;
- (b) devise, organise and implement programmes and other activities for or related to the promotion of good health and healthy lifestyle amongst the people of Singapore, health education programmes and programmes and other activities for or related to the prevention or detection of diseases;
- (c) collaborate with any organisation to devise, organise and implement, or to provide support or assistance to any organisation in devising and implementing any of the programmes or activities referred to in paragraph 1(b);
- (d) monitor and conduct investigations and research into any matter relating to the health and nutritional statuses of the people of Singapore;
- (e) promote a healthy food supply in Singapore;
- (f) determine, establish and recommend nutritional standards and dietary guidelines, and guidelines for the provision of nutritional information;
- (g) provide healthcare services (including medical, dental, health-screening and immunisation services) to school children and such other persons or class of persons as the Board thinks fit;
- (h) provide consultancy services to Government departments, members of the healthcare industry and the private sector on matters relating to health education, the preservation and promotion of health, healthy lifestyles and healthy dietary practices and the prevention and detection of diseases; and
- (i) represent the Government internationally on matters related to or connected with health education, the preservation and promotion of health and the prevention and detection of diseases.

There have been no significant changes in the nature of these activities during the financial year.

# **Notes to the Financial Statements**

# For the financial year ended 31 March 2018

# 2. Summary of significant accounting policies

# 2.1 Basis of preparation

## Statement of compliance

The financial statements of the Board have been prepared in accordance with the provisions of the Act and Statutory Board Financial Reporting Standards ("SB-FRS"). SB-FRS include Statutory Board Financial Reporting Standards, Interpretations of SB-FRS and SB-FRS Guidance Notes as promulgated by the Accountant-General.

#### **Basis of measurement**

The financial statements have been prepared under the historical cost basis except as otherwise described below.

# **Functional and presentation currency**

The financial statements are presented in Singapore dollars, which is the Board's functional currency.

# 2.2 Changes in accounting policies

The accounting policies adopted are consistent with those of the previous financial year except in the current financial year, the Board has adopted all the new and revised standards and interpretation of SB-FRS ("INT SB-FRS") that are effective for annual periods beginning on or after 1 April 2017. The adoption of these standards and interpretations did not have any effect on the financial performance or position of the Board.

#### 2.3 Standards issued but not yet effective

The Board has not adopted the following standards and interpretations that have been issued but not yet effective:

Description	Effective for annual periods beginning on or after
SB-FRS 109 Financial Instruments, Illustrative Examples, Implementation Guidance and Amendments to Guidance on Other Standards	1 January 2018
SB-FRS 1001 Accounting and Disclosure for Non-Exchange Revenue	1 January 2018
SB-FRS 115 Revenue from Contracts with Customers Illustrative Examples	1 January 2018
SB-FRS 110, SB-FRS 28 Amendments to Effective Date of Amendments to SB-FRS 110 and SB-FRS 28	To be determined
SB-FRS 115 Amendments to Effective Date of SB-FRS 115	1 January 2018
SB-FRS 116 Leases Illustrative Examples and Amendments to Guidance on Other Standards	1 January 2019
SB-FRS 115 Amendments to SB-FRS 115: Clarifications to SB-FRS 115 Revenue from Contracts with Customers	1 January 2018
SB-FRS 102 Amendments to SB-FRS 102: Classification and Measurement of Share-based Payment Transactions	1 January 2018

# **Notes to the Financial Statements**

# For the financial year ended 31 March 2018

# 2. Summary of significant accounting policies (cont'd)

# 2.3 Standards issued but not yet effective (cont'd)

Except for SB-FRS 109, SB-FRS 115 and SB-FRS 116, the Board expects that the adoption of the other standards above will have no material impact on the financial statements in the period of initial application. The nature of the impending changes in accounting policy on adoption of FRS 109, FRS 115 and FRS 116 are described below.

#### SB-FRS 109 Financial Instruments

FRS 109 introduces new requirements for classification and measurement of financial assets, impairment of financial assets and hedge accounting. Financial assets are classified according to their contractual cash flow characteristics and the business model under which they are held. The impairment requirements in FRS 109 are based on an expected credit loss model and replace the FRS 39 incurred loss model. The Board is currently assessing the impact of the new standard and plans to adopt the new standard on the required effective date.

#### SB-FRS 115 Revenue from Contracts with Customers

FRS 115 establishes a five-step model that will apply to revenue arising from contracts with customers. Under FRS 115, revenue is recognised at an amount that reflects the consideration which an entity expects to be entitled in exchange for transferring goods or services to a customer. The principles in FRS 115 provide a more structured approach to measuring and recognising revenue when the promised goods and services are transferred to the customer i.e. when performance obligations are satisfied.

The new revenue standard will supersede all current revenue recognition requirements under FRS. Either a full retrospective application or a modified retrospective application is required for annual periods beginning on or after 1 January 2018. Early adoption is permitted.

The Board is currently assessing the impact of the new standard and plans to adopt the standard on the required effective date.

#### SB-FRS 116 Leases

FRS 116 requires lessees to recognise most leases on balance sheets to reflect the rights to use the leased assets and the associated obligations for lease payments as well as the corresponding interest expense and depreciation charges. The standard includes two recognition exemption for lessees – leases of 'low value' assets and short-term leases. The new standard is effective for annual periods beginning on or after 1 January 2019.

The Board is currently assessing the impact of the new standard and plans to adopt the new standard on the required effective date. The Board expects the adoption of the new standard will result in increase in total assets and total liabilities.

# **Notes to the Financial Statements**

# For the financial year ended 31 March 2018

# 2. Summary of significant accounting policies (cont'd)

# 2.4 Property, plant and equipment

Property, plant and equipment are initially measured at cost, subsequent to recognition, property, plant and equipment are measured at cost less accumulated depreciation and accumulated impairment losses.

Depreciation on property, plant and equipment is recognised as an expense in the income and expenditure statement on a straight-line basis over the estimated useful lives of each component of property, plant and equipment.

The estimated useful lives for the current and comparative periods are as follows:

Computers – 3 to 5 years

Leasehold improvement – 8 years

Furniture and fittings – 8 years

Other equipment – 3 to 10 years

Medical equipment – 8 years

Motor vehicles – 10 years

Capital work-in-progress included in property, plant and equipment are not depreciated as these assets are not yet available for use.

Depreciation methods, useful lives and residual values are reviewed at the end of each reporting period and adjusted as appropriate.

Gains and losses on disposal of property, plant and equipment are determined by comparing the proceeds from disposal with the carrying amount of property, plant and equipment, and are recognised net within other income/ other expenses in the income and expenditure statement.

# 2.5 Intangible assets

Intangible assets that are acquired by the Board, which have finite useful lives, are measured at cost less accumulated amortisation and accumulated impairment losses. Intangible assets are amortised in income and expenditure on a straight-line basis over their estimated useful lives of 3 to 5 years, from the date on which they are available for use.

#### **Computer software under development**

Computer software under development are stated at cost. Expenditure relating to the capital work-in-progress are capitalised when incurred. No depreciation is provided until the intangible assets are ready for use.

# **Notes to the Financial Statements**

# For the financial year ended 31 March 2018

# 2. Summary of significant accounting policies (cont'd)

# 2.6 Impairment of non-financial assets

The carrying amounts of the Board's non-financial assets are reviewed at each reporting date to determine whether there is any indication of impairment. If any such indication exists, the assets' recoverable amounts are estimated.

The recoverable amount of an asset or cash-generating unit ("CGU") is the greater of its value in use and its fair value less costs to sell. In assessing value in use, the estimated future cash flows are discounted to their present value using a pre-tax discount rate that reflects current market assessments of the time value of money and the risks specific to the assets or CGU. For the purpose of impairment testing, assets that cannot be tested individually are grouped together into the smallest group of assets that generates cash inflows from continuing use that are largely independent of the cash inflows of other assets or groups of CGU.

An impairment loss is recognised if the carrying amount of an asset or its CGU exceeds its estimated recoverable amount. Impairment losses are recognised in the income and expenditure statement.

Impairment losses recognised in prior periods are assessed at each reporting date for any indications that the loss has decreased or no longer exists. An impairment loss is reversed if there has been a change in the estimates used to determine the recoverable amount. An impairment loss is reversed only to the extent that the asset's carrying amount does not exceed the carrying amount that would have been determined, net of depreciation or amortisation, if no impairment loss had been recognised.

### 2.7 Financial instruments

# (a) Financial assets

# **Initial recognition and measurement**

Financial assets are recognised when, and only when, the Board becomes a party to the contractual provisions of the financial instrument. The Board determines the classification of its financial assets at initial recognition.

When financial assets are recognised initially, they are measured at fair value, plus, in the case of financial assets not at fair value through profit or loss, directly attributable transaction costs.

# **Notes to the Financial Statements**

# For the financial year ended 31 March 2018

# 2. Summary of significant accounting policies (cont'd)

## 2.7 Financial instruments (cont'd)

## (a) Financial assets (cont'd)

## **Subsequent measurement**

The subsequent measurement of financial assets depends on their classifications as follows:

#### i) Loans and receivables

Non-derivative financial assets with fixed or determinable payments that are not quoted in an active market are classified as loans and receivables. Subsequent to initial recognition, loans and receivables are measured at amortised cost using the effective interest method, less impairment. Gains and losses are recognised in income and expenditure when the loans and receivables are derecognised or impaired, and through the amortisation process.

# ii) Held-to-maturity investments

Non-derivative financial assets with fixed or determinable payments and fixed maturity are classified as held-to-maturity when the Board has the positive intention and ability to hold the investment to maturity. Subsequent to initial recognition, held-to-maturity investments are measured at amortised cost using the effective interest method, less impairment. Gains and losses are recognised in profit or loss when the held-to-maturity investments are derecognised or impaired, and through the amortisation process.

#### Derecognition

A financial asset is derecognised where the contractual right to receive cash flows from the asset has expired. On derecognition of a financial asset in its entirety, the difference between the carrying amount and the sum of the consideration received and any cumulative gain or loss that had been recognised in other comprehensive income is recognised in income and expenditure.

# (b) Financial liabilities

# Initial recognition and measurement

Financial liabilities are recognised when, and only when, the Board becomes a party to the contractual provisions of the financial instrument. The Board determines the classification of its financial liabilities at initial recognition.

All financial liabilities are recognised initially at fair value and in the case of other financial liabilities, plus directly attributable transaction costs.

# **Notes to the Financial Statements**

# For the financial year ended 31 March 2018

# 2. Summary of significant accounting policies (cont'd)

## 2.7 Financial instruments (cont'd)

# (b) Financial liabilities (cont'd)

## **Subsequent measurement**

After initial recognition, financial liabilities that are not carried at fair value through profit or loss are subsequently measured at amortised cost using the effective interest method. Gains and losses are recognised in income and expenditure when the liabilities are derecognised, and through the amortisation process.

#### Financial liabilities at amortised cost

After initial recognition, financial liabilities that are not carried at fair value through profit or loss are subsequently measured at amortised cost using the effective interest method. Gains and losses are recognised in income and expenditure when the liabilities are derecognised, and through amortisation process.

#### Derecognition

A financial liability is derecognised when the obligation under the liability is discharged or cancelled or expires. When an existing financial liability is replaced by another from the same lender on substantially different terms, or the terms of an existing liability are substantially modified, such an exchange or modification is treated as a derecognition of the original liability and the recognition of a new liability, and the difference in the respective carrying amounts is recognised in income and expenditure.

#### 2.8 Cash and cash equivalents

Cash and cash equivalents comprise cash at bank, cash placed with Accountant General's Department and cash on hand.

#### 2.9 Impairment of financial assets

The Board assesses at each reporting date whether there is any objective evidence that a financial asset is impaired.

#### Financial assets carried at amortised cost

For financial assets carried at amortised cost, the Board first assesses whether objective evidence of impairment exists individually for financial assets that are individually significant, or collectively for financial assets that are not individually significant. If the Board determines that no objective evidence of impairment exists for an individually assessed financial asset, whether significant or not, it includes the asset in a group of financial assets with similar credit risk characteristics and collectively assesses them for impairment. Assets that are individually assessed for impairment and for which an impairment loss is, or continues to be recognised are not included in a collective assessment of impairment.

# **Notes to the Financial Statements**

# For the financial year ended 31 March 2018

# 2. Summary of significant accounting policies (cont'd)

#### **2.9** Impairment of financial assets (cont'd)

#### Financial assets carried at amortised cost (cont'd)

If there is objective evidence that an impairment loss on financial assets carried at amortised cost has been incurred, the amount of the loss is measured as the difference between the asset's carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate. If a loan has a variable interest rate, the discount rate for measuring any impairment loss is the current effective interest rate. The carrying amount of the asset is reduced through the use of an allowance account. The impairment loss is recognised in income and expenditure.

When the asset becomes uncollectible, the carrying amount of impaired financial assets is reduced directly or if an amount was charged to the allowance account, the amounts charged to the allowance account are written-off against the carrying value of the financial assets.

Objective evidence that financial assets (including equity securities) are impaired can include default or delinquency by a debtor, restructuring of an amount due to the Board on terms that the Board would not consider otherwise, or indications that a debtor or issuer will enter bankruptcy.

If in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment was recognised, the previously recognised impairment loss is reversed to the extent that the carrying amount of the asset does not exceed its amortised cost at the reversal date. The amount of reversal is recognised in income and expenditure.

In assessing collective impairment, the Board uses historical trends of the probability of default, timing of recoveries and the amount of loss incurred, adjusted for management's judgement as to whether current economic and credit conditions are such that the actual losses are likely to be greater or less than suggested by historical trends.

#### 2.10 Grants

Government grants and contributions received by the Board from other organisations for the purchase of depreciable assets are taken to grants received in advance account in the first instance. They are taken to the deferred capital grants account upon the utilisation of the grants for the purchase of assets which are capitalised.

Deferred capital grants are recognised in the income and expenditure statement over the periods necessary to match the depreciation and write off of the assets purchased or donated, with the related grants. Upon the disposal of property, plant and equipment, the balance of the related deferred capital grants is recognised in the income and expenditure statement to match the net book value of the property, plant and equipment disposed.

# **Notes to the Financial Statements**

# For the financial year ended 31 March 2018

# 2. Summary of significant accounting policies (cont'd)

#### **2.10 Grants** (*cont'd*)

Government and other grants received by the Board to meet operating expenses are recognised as income in the year these operating expenses were incurred and there is reasonable assurance that the Board will comply with the conditions attached to it. Government grants are accounted for on the accrual basis.

Government grants are grants received from government bodies, including statutory boards. Funds received from all other organisations are classified as non-government grants.

#### 2.11 Leases

Where the Board has the use of assets under operating leases, payments made under the leases are recognised in the income and expenditure statement on a straight-line basis over the term of the lease. Lease incentives received are recognised as an integral part of the total lease expense, over the term of the lease. Contingent rentals are charged to the income and expenditure statement in the accounting period in which they are incurred.

# 2.12 Employee benefits

# **Defined contribution plan**

A defined contribution plan is a post-employment benefit plan under which an entity pays fixed contributions into a separate entity and will have no legal or constructive obligation to pay further amounts. Obligations for contributions to defined contribution pension plans are recognised as an employee benefit expense in the income and expenditure statement in the periods during which services are rendered by employees.

#### **Employee leave entitlement**

Employee entitlements to annual leave are recognised when they accrue to employees. A provision is made for the estimated liability for annual leave as a result of services rendered by employees up to the reporting date.

#### **Short-term employee benefits**

Short-term benefit obligations are measured on an undiscounted basis and are expensed as the related service is provided. A liability is recognised for the amount expected to be paid under short-term cash bonus if the Board has a present legal or constructive obligation to pay this amount as a result of past service provided by the employee and the obligation can be estimated reliably.

# **Notes to the Financial Statements**

# For the financial year ended 31 March 2018

# 2. Summary of significant accounting policies (cont'd)

# **2.12** Employee benefits (cont'd)

# Post employment benefits

Cost of providing defined benefit retirement scheme (the "HPB Pension Scheme") is determined using the projected unit credit method, with actuarial valuations being carried out at least once in three years. The present value of obligation for all pensionable employees is determined by projecting each active employee's benefits accrued from the starting date of their service with the Board (i.e., 1 April 2001) up to the valuation date, allowing for salary increases and the probability of earlier exits, and discounted using a long-term discount rate. The obligations to existing pensioners under the HPB Pension Scheme are calculated as the present value of pensions payable to the pensioners for their remaining lifetime.

At each valuation date, the total present value of obligation is compared to the book amount to determine the actuarial gain or loss. The Board recognises all actuarial gains and losses arising from post employment benefits in other comprehensive income and all expenses related to defined benefit plans in personnel expenses in income and expenditure statement.

Past service cost is recognised immediately to the extent that the benefits are already vested since the starting date of the pensionable employees' service with the Board.

#### 2.13 Revenue recognition

Revenue is recognised to the extent that it is probable that the economic benefits will flow to the Board and the revenue can be reliably measured, regardless of when the payment is made. Revenue is measured at the fair value of consideration received or receivable, taking into account contractually defined terms of payment and excluding taxes or duty.

#### Interest income

Interest income is recognised on a time-proportion basis using the effective interest method.

#### Service maintenance income

Service maintenance income is recognised when the service is rendered.

#### **Donation income**

Donation income refers to contributions of goods or services in support of the Board's programmes. Donation-in-kind are measured at the fair value of the goods or services received and are recognised upon delivery of the goods or services.

#### Other income

Other income refers mainly to clinic services fee, HealthZone admission fee and course fee. Income is recognised when the service is rendered.

# **Notes to the Financial Statements**

# For the financial year ended 31 March 2018

# 2. Summary of significant accounting policies (cont'd)

# 2.14 Related parties

Related parties are considered to be related to the Board if the Board has direct and indirect ability to control the party, jointly control or exercise significant influence over the party in making financial and operating decisions, or vice versa, or where the Board and the party are subject to common control or common significant influence. Related parties may be individuals or other entities.

# 3. Significant accounting estimates and judgements

The preparation of the Board's financial statements in conformity with SB-FRSs requires management to make judgements, estimates and assumptions that affect the application of accounting policies and reported amounts of assets, liabilities, income and expenses at the end of each reporting period. Uncertainty about these assumptions and estimates could result in outcomes that could require a material adjustment to the carrying amount of the asset or liability affected in the future periods.

## 3.1 Key sources of estimation uncertainty

The key assumptions concerning the future and other key sources of estimation uncertainty at the end of the reporting period are discussed below. The Board based its assumptions and estimates on parameters available when the financial statements was prepared. Existing circumstances and assumptions about the future developments, however, may change due to market changes or circumstances arising beyond the control of the Board. Such changes are reflected in the assumptions when they occur.

#### **Pension expense**

Pension expense is determined using certain actuarial estimates and assumptions relating to the discount rate used in valuing the defined benefit obligation and future expectations such as mortality rate of covered employees. These estimates and assumptions directly influence the amount recognised in income and expenditure. Further details about the assumptions used and sensitivity analysis are disclosed and further explained in Note 12 to the financial statements.

# 3.2 Judgements made in accounting policies

In the process of applying accounting policies, the Board has made the following judgements which have the most significant effect on the amounts recognised in the financial statements:

# **Government operating grants**

Government grants to meet operating expenses are recognised as income in the income and expenditure statement on the accrual basis in the year these operating expenses were incurred and there is reasonable assurance that the Board will comply with the conditions attached to it. For certain grants, the government agencies reserve the right to withdraw, withhold or reduce the amount of any funds approved but not yet disbursed or to call for the refund of all funds which have been disbursed to the Board if the conditions are not met.

# **Notes to the Financial Statements**

# For the financial year ended 31 March 2018

# 4. Property, plant and equipment

	Computers \$	Leasehold improve- ment \$	Furniture and fittings \$	Other equipment	Medical equipment \$	Motor vehicles \$	Capital work-in- progress \$	Total \$
Cost								
At 1 April 2016	7,512,016	10,837,837	189,830	4,102,666	13,812,012	56,001	-	36,510,362
Additions	158,121	_	_	6,033	1,526,768	_	615,912	2,306,834
Disposals	(61,760)	(34,686)	_	(18,768)	(538,928)	_	_	(654,142)
At 31 March 2017 and 1 April 2017	7,608,377	10,803,151	189,830	4,089,931	14,799,852	56,001	615,912	38,163,054
Additions	636,465	_	_	99,033	2,026,639	331,700	2,321,421	5,415,258
Disposals	(524,815)	(50,596)	-	(308,145)	(581,008)	_	_	(1,464,564)
At 31 March 2018	7,720,027	10,752,555	189,830	3,880,819	16,245,483	387,701	2,937,333	42,113,748
Accumulated depreciation								
At 1 April 2016	6,225,676	9,690,213	171,126	3,343,655	10,640,953	39,667	_	30,111,290
Depreciation for the financial year	713,745	342,133	7,803	514,650	798,062	5,600	_	2,381,993
Disposals	(43,766)	(34,686)	-	(18,671)	(538,929)	_	_	(636,052)
At 31 March 2017 and 1 April 2017	6,895,655	9,997,660	178,929	3,839,634	10,900,086	45,267	-	31,857,231
Depreciation for the financial year	574,764	342,132	5,227	198,597	871,929	12,513	_	2,005,162
Disposals	(524,815)	(50,596)	-	(308,145)	(580,137)	_	-	(1,463,693)
At 31 March 2018	6,945,604	10,289,196	184,156	3,730,086	11,191,878	57,780	-	32,398,700
Carrying amount								
At 31 March 2017	712,722	805,491	10,901	250,297	3,899,766	10,734	615,912	6,305,823
At 31 March 2018	774,423	463,359	5,674	150,733	5,053,605	329,921	2,937,333	9,715,048
ACST March 2010	,, ,, ,, ,, ,,	100,000	3,074	.50,,55	2,033,003	323,321	_,,,,,,,,,,	5,7,15,040

Computer

# **Notes to the Financial Statements**

# For the financial year ended 31 March 2018

# 5. Intangible assets

	software	
Computer	under	
software \$	development \$	Total \$
48,568,964	_	48,568,964
345,676	158,360	504,036
(11,676,888)	_	(11,676,888)
37,237,752	158,360	37,396,112
2,366,641	674,435	3,041,076
(1,002,749)	_	(1,002,749)
38,601,644	832,795	39,434,439
39,078,340	_	39,078,340
4,461,009	_	4,461,009
(11,190,212)	_	(11,190,212)
32,349,137	_	32,349,137
3,035,327	_	3,035,327
(986,943)	_	(986,943)
34,397,521	_	34,397,521
4,888,615	158,360	5,046,975
4,204,123	832,795	5,036,918
	48,568,964 345,676 (11,676,888) 37,237,752 2,366,641 (1,002,749) 38,601,644 39,078,340 4,461,009 (11,190,212) 32,349,137 3,035,327 (986,943) 34,397,521	Computer software \$\\$  48,568,964

# **Notes to the Financial Statements**

# For the financial year ended 31 March 2018

# 6. Held-to-maturity investments

	2017/2018 \$	2016/2017 \$
Quoted debt securities	4,971,500	_
Unquoted debt securities	10,010,000	_
Total debt securities	14,981,500	_

As at 31 March 2018, quoted and unquoted debt securities have nominal values amounting to \$5m and \$10m, with coupon rate of 1.75% and 2.30% per annum and maturity dates on 1 February 2023 and 13 March 2023 respectively.

# 7. Receivables

			2017/2018	2016/2017
		Note	\$	\$
Trade	receivables		154,568	227,078
Amou	unt due from Ministry of Health		163,976	297,467
Other	receivables		1,605,258	1,651,193
Secur	ity deposits		738,248	356,144
Total	receivables		2,662,050	2,531,882
Add:	Cash and cash equivalents	10	98,633,071	113,939,153
	Grants receivables	8a	11,451,993	15,580,893
Total	loans and receivables		112,747,114	132,051,928

# **Trade receivables**

Trade receivables are non-interest bearing and are generally on immediate to 30 days' terms. They are recognised at their original invoice amounts which represent their fair value at initial recognition.

# **Amount due from Ministry of Health**

This amount refers to recoverable costs for payments made on behalf of Ministry of Health. It is non-trade in nature, non-interest bearing, repayable on demand and to be settled in cash.

# Other receivables

Included in other receivables are interest receivable from deposits under the Centralised Liquidity Management ("CLM") Framework amounting to \$739,059 (31 March 2017: \$954,647) and ToteBoard Community Healthcare grant paid on behalf of ToteBoard amounting to \$494,962 (31 March 2017: \$310,187). The amount due from ToteBoard is non-trade in nature, non-interest bearing, repayable on demand and to be settled in cash. Included in FY2016/2017 was also unutilised fund for Workplace Health Grant from outsourced grant administrator refundable to HPB amounting \$368,775.

# **Notes to the Financial Statements**

# For the financial year ended 31 March 2018

# 7. Receivables (cont'd)

# Receivables that are past due but not impaired

The Board has trade receivables amounting to \$11,470 (31 March 2017: \$154,568) that are past due at the end of reporting period but not impaired.

These receivables are unsecured and the analyses of their aging at the end of reporting period is as follows:

	2017/2018 \$	2016/2017 \$
Less than 30 days	11,146	153,015
Past due 31 – 60 days	163	48
Past due 61 – 90 days	161	1,250
Past due 91 – 120 days	_	_
More than 120 days	_	255
	11,470	154,568

Based on historical default rates, the Board believes that no impairment allowance is necessary. These receivables mainly arise from customers that have a good payment record with the Board.

# 8. Grant receivables/(grants received in advance)

#### **Grant receivables**

The movement of grant receivables at the reporting date is as follows:

		2017/2018	2016/2017
	Note	\$	\$
(a) Government			
At beginning of the financial year		15,580,893	14,578,820
Deferred capital grants	12	24,202	191,394
Recognised in the statement of comprehensive income	9	185,931,239	201,999,229
Grants received during the financial year		(190,084,341)	(201,188,550)
Grant receivable at end of the financial year		11,451,993	15,580,893

# **Notes to the Financial Statements**

# For the financial year ended 31 March 2018

# 8. Grant receivables/(grants received in advance) (cont'd)

# **Grants received in advance**

The movement in grants received in advance during the financial year is as follows:

		2017/2018	2016/2017
	Note	\$	<b>\$</b>
(b) Government			
At beginning of the financial year		647,435	983,659
Grants received during the financial year		53,834,835	32,030,594
Recognised in the statement of comprehensive income	9	(53,432,647)	(32,366,818)
At end of the financial year		1,049,623	647,435
(c) Non-government			
At beginning of the financial year		131,620	34,270
Grants received during the financial year		218,829	312,349
Recognised in the statement of comprehensive income	9	(341,729)	(214,999)
At end of the financial year		8,720	131,620
Total grants received in advance at end of the financial year		1,058,343	779,055

# 9. Grant recognised in the statement of comprehensive income

	Note	2017/2018 \$	2016/2017 \$
Government operating grants			
Transferred from grants receivables	8(a)	185,931,239	201,999,229
Transferred from grants received in advance	8(b)	53,432,647	32,366,818
		239,363,886	234,366,047
Non-government operating grants			
Transferred from grants received in advance	8(c)	341,729	214,999

# **Notes to the Financial Statements**

# For the financial year ended 31 March 2018

# 10. Cash and cash equivalents

Cash and cash equivalents in the statement of cash flows consist of the following:

	2017/2018 \$	2016/2017 \$
Cash at bank and on hand	111,037	26,163
Cash placed with Accountant General's Department	98,522,034	113,912,990
Cash and cash equivalents in the statement of cash flows	98,633,071	113,939,153

Deposits placed with Accountant-General's Department ("AGD") are centrally managed by AGD under the Centralised Liquidity Management ("CLM") Framework.

The Board earns interest rate ranging from 1.13% to 1.83% per annum (2016/2017: 1.24% to 1.49%).

# 11. Payables and accruals

	2017/2018 \$	2016/2017
Trade payables and accruals	52,691,404	47,410,933
Amount due to the Ministry of Health	2,540	233,614
Security deposits	1,079,442	570,096
Total financial liabilities carried at amortised cost	53,773,386	48,214,643

#### **Trade payables**

Trade payables are non-interest bearing and are generally on immediate to 60 days' terms.

# **Amount due to Ministry of Health**

This amount refers to rental received by the Board on behalf of the Ministry of Health. They are non-interest bearing, unsecured and to be settled in cash.

# **Notes to the Financial Statements**

# For the financial year ended 31 March 2018

# 12. Deferred capital grants

	Note	2017/2018 \$	<b>2016/2017</b> \$
At beginning of the financial year		638,699	1,084,801
Amount transferred from government grants	8a	24,202	191,394
	_	662,901	1,276,195
Amount transferred to income and expenditure statement:	:		
<ul> <li>to match depreciation of related assets</li> </ul>		(215,189)	(337,812)
<ul> <li>to match amortisation of related assets</li> </ul>		(61,097)	(276,368)
<ul> <li>to match net book value of related assets disposed</li> </ul>		(9,383)	(23,316)
	_	(285,669)	(637,496)
At end of the financial year	_	377,232	638,699
	=		

# 13. Obligations in respect of pension scheme

The Board operates an unfunded defined retirement benefit plan for certain employees under the provisions of the Pension Act (Chapter 225, 2004 Revised Edition). The pension fund was set up by the Board on 1 April 2001.

In managing the risk arising from the pension scheme, the Board maintains sufficient cash balance to support benefit payments to employees who participated in the plan over the life of the plan. The benefit payment obligations are influenced by discount rate and life expectancy of employees. The pension scheme is a closed scheme for which there shall be no new entrants to the scheme.

The Board performed an actuarial valuation to determine the liability of the Board in respect of its defined retirement benefit plans. The amount of contribution is based on the actuarial valuation performed by Milliman Private Limited in May 2018.

	2017/2018 \$	2016/2017 \$
Present value of unfunded obligations	7,943,913	9,722,356

# **Notes to the Financial Statements**

# For the financial year ended 31 March 2018

# **13. Obligations in respect of pension scheme** (cont'd)

Movements in the net liability recognised in the statement of financial position are as follows:

	2017/2018 \$	2016/2017 \$
At beginning of the financial year	9,722,356	10,456,863
Amounts recognised in the income and expenditure	236,348	309,001
Amounts recognised in the statement of comprehensive income	257,011	_
Benefits paid	(2,271,802)	(1,043,508)
At end of the financial year	7,943,913	9,722,356

The amounts recognised in the statement of comprehensive income are as follows:

	2017/2018 \$	2016/2017 \$
Current service costs	_	40,870
Interest on obligation	236,348	268,131
Total included in staff costs under other benefits and allowances	236,348	309,001

Sources for actuarial gains/(losses) resulting from pension valuation as at 31 March 2018 are as follows:

	2017/2018 \$	2016/2017 \$
Effects of change in financial assumptions	198,607	_
Experience adjustments on plan liabilities	58,404	_
Actuarial losses recognised in statement of comprehensive income	257,011	_

#### **Principal actuarial assumptions**

Principal actuarial assumptions at the reporting date:

	<b>2017/2018</b> %	<b>2016/2017</b> %
Discount rate	2.40	2.62

Assumptions regarding future mortality are based on published mortality tables.

At 31 March 2018, the weighted average duration of the benefit payment obligation was 12 years (31 March 2017: 16 years).

# **Notes to the Financial Statements**

# For the financial year ended 31 March 2018

# 13. Obligations in respect of pension scheme (cont'd)

# Sensitivity analysis

A 25 basis points change in discount rate at the reporting date would have increased/(decreased) surplus for the financial year by the amounts shown below. This analysis assumes that all other variables remain constant:

	25 bp increase \$	25 bp decrease \$
31 March 2018		
Effect on defined benefit obligation	230,373	(230,373)
31 March 2017		
Effect on defined benefit obligation	262,504	(262,504)

A 10 percent change in mortality rate at the reporting date would have increased/(decreased) surplus for the year by the amounts shown below. This analysis assumes that all other variables remain constant:

	10% increase \$	10% decrease \$
31 March 2018		
Effect on defined benefit obligation	214,486	(214,486)
31 March 2017		
Effect on defined benefit obligation	175,002	(175,002)

# 14. Share capital

	2017/2018		2016/2017	
	No. of shares	\$	No. of shares	\$
Issued and fully paid:				
At beginning of the financial year	35,870,054	35,870,054	34,473,849	34,473,849
Issuance during the financial year	5,174,190	5,174,190	1,396,205	1,396,205
At end of the financial year	41,044,244	41,044,244	35,870,054	35,870,054

During the financial year, the Board issued 5,174,190 shares (2016/2017: 1,396,205 shares) to the Minister for Finance under Section 22A of the Health Promotion Board Act for a total consideration of \$5,174,190 (2016/2017: \$1,396,205).

The shareholder is entitled to receive dividends as and when declared by the Board. The ordinary shares have no par value.

# **Notes to the Financial Statements**

# For the financial year ended 31 March 2018

# 15. Dividends paid

2017/2018 \$	\$
11,087,000	2,089,000
	\$

# 16. Other Income

	2017/2018 \$	2016/2017 \$
Clinic services fee	466,323	460,863
HealthZone admission fee	110,540	118,751
Course fee	86,341	99,303
Others	125,710	118,108
	788,914	797,025

# 17. Staff costs

	2017/2018 \$	2016/2017 \$
Salaries and wages	71,413,770	69,585,343
Central Provident Fund contributions	9,016,224	9,070,194
Staff welfare and development	2,429,285	3,114,881
Other benefits and allowances	2,150,226	2,412,127
	85,009,505	84,182,545

# **Notes to the Financial Statements**

# For the financial year ended 31 March 2018

# **18.** Related party transactions

During the financial year, the Board engaged in various transactions in the ordinary course of its operation with entities related to the Board at prevailing prices or on customary terms and conditions. These transactions could have been replaced with transactions with other parties on similar terms and conditions.

# Nature and amount of individually significant transactions

	2017/2018 \$	2016/2017 \$
Rental of premises from Ministry of Health	4,126,966	4,126,966
Information technology services from Government Technology Agency	6,859,090	5,066,627
Information technology services from Ministry of Education	741,780	773,536
Installation of exhibits from Science Center Board	656,280	_
Information technology services from National Library Board	633,640	756,113
Gebiz charges from Defence Science and Technology Agency	581,346	334,013

# Key management personnel compensation

Key management personnel of the Board are those persons having the authority and responsibility for planning, directing and controlling the activities of the Board.

Key management personnel compensation is as follows:

	2017/2018 \$	2016/2017 \$
Salaries and other short-term employee benefits	4,755,013	4,552,470
Post employment benefits	233,520	269,183
	4,988,533	4,821,653

# 19. Commitments

# **Capital commitments**

Capital commitments approved but not provided for in the financial statements are as follows:

	2017/2018 \$	2016/2017 \$
Commitments in respect of contracts placed as at reporting date	7,738,000	119,000

ANNUAL REPORT 2017/2018

# **Notes to the Financial Statements**

# For the financial year ended 31 March 2018

# **19. Commitments** (cont'd)

#### **Lease commitments**

Minimum lease payments recognised as an expense in statement of comprehensive income for the financial year ended 2017/2018 amounted to \$4,418,830 (2016/2017: \$4,423,718).

Commitments in relation to operating leases contracted for at the reporting date but not recognised as liabilities, are payable as follows:

	2017/2018 \$	2016/2017 \$
Payable:		
Within 1 year	4,585,518	4,126,966
After 1 year but within 5 years	9,171,036	_
	13,756,554	4,126,966

# Other lease commitments - Information Technology (IT) cost

Commitments in relation to IT cost contracted for at the reporting date but not recognised as liabilities are as follows:

	2017/2018 \$	2016/2017
	•	
Payable:		
Within 1 year	263,785	198,434
After 1 year but within 5 years	357,043	211,920
	620,828	410,354
		·

# 20. Financial risk management objectives and policies

#### **Overview**

Risk management is integral to the whole business of the Board. The Board has a system of controls in place to create an acceptable balance between the cost of risks occurring and the cost of managing the risks. The management monitors the Board's risk management process to ensure that an appropriate balance between risk and control is achieved.

The Board has exposure to the following risks from its use of financial instruments:

- Liquidity risk
- Credit risk
- Interest rate risk

This note presents information about the Board's exposure to each of the above risks, the Board's objectives, policies and processes for measuring and managing risk. Further quantitative disclosures are included throughout these financial statements.

# **Notes to the Financial Statements**

# For the financial year ended 31 March 2018

# 20. Financial risk management objectives and policies (cont'd)

# (a) Liquidity risk

The Board has minimal exposure to liquidity risk as its operations are funded by government grants. The Board has ensured sufficient liquidity through the holding of highly liquid assets in the form of cash and cash equivalents at all times to meet its financial obligations.

117

The table below summarises the maturity profile of the Board's financial asset and liabilities at the end of reporting period based on contractual undiscounted payments:

	One year or less 2017/2018	One year or less 2016/2017
	\$	\$
Financial assets		
Receivables	2,662,050	2,531,882
Cash and cash equivalents	98,633,071	113,939,153
Grants receivables	11,451,993	15,580,893
Total financial assets	112,747,114	132,051,928
Financial liabilities		
Payables and accruals	(53,773,386)	(48,214,643)
Net financial assets	58,973,728	83,837,285

# (b) Credit risk

Credit risk is the risk that a counterparty to a financial instrument will fail to discharge an obligation or commitment that it has entered into with the Board.

At the reporting date, the maximum exposure to credit risk is represented by the carrying amount of each financial asset in the statement of financial position.

Surplus cash and fixed deposits are placed with banks and financial institutions, which are regulated.

Concentration of credit risk relating to receivables and grant receivables is limited since they are recoverable from Ministries and Government Agencies.

#### (c) Interest rate risk

At the reporting date, the interest rate profile of the interest bearing financial instruments are as follows:

	2017/2018 \$	<b>2016/2017</b> \$
Cash placed with Accountant General's Department	98,522,034	113,912,990

# **Notes to the Financial Statements**

# For the financial year ended 31 March 2018

# 20. Financial risk management objectives and policies (cont'd)

# (c) Interest rate risk (cont'd)

# **Sensitivity analysis**

A 25 basis points change in interest rates at the reporting date would have increased/ (decreased) surplus for the year by the amounts shown below. This analysis assumes that all other variables remain constant:

	25 bp increase \$	25 bp decrease \$
As at 31 March 2018	246,305	(246,305)
As at 31 March 2017	284,782	(284,782)

#### 21. Fair value of assets and liabilities

The fair value of financial instruments is the amount at which the instrument could be exchanged or settled between knowledgeable and willing parties in an arm's length transaction, other than in a forced or liquidation sale.

#### Financial instruments whose carrying amount approximates fair value

The Board has determined that the carrying amounts of cash and cash equivalents, grant receivables, receivables, payables and accruals and grants received in advance based on their notional amounts, reasonably approximate their fair values because these are mostly short-term in nature. The carrying values of held to maturity investments approximates its fair value as they were purchased close to the financial year end.

# 22. Capital management

The Board defines "capital" as share capital and accumulated surplus. The Board's policy is to maintain a strong capital base to safeguard the ability to meet its long-term needs and to maintain creditor and market confidence.

There were no changes in the Board's capital management approach during the financial year. The Board is not subject to externally imposed capital requirements.

# 23. Authorisation of financial statements

The financial statements for the financial year ended 31 March 2018 were authorised for issue by the Board on 26 June 2018.

# **Acknowledgements**

The Health Promotion Board's Annual Report 2017/2018 editorial team would like to express our heartfelt thanks to the following colleagues and their family members for appearing in the Annual Report for 2017/2018:

# **Our HPB Talents**

# **Empowering Individuals**

Reagan, Ainul, Rachel, Sumasni, Ram

# **Deepening Focus on the Young**

Amar, Clarice, Amalyasa

# **Expanding Outreach to the Workforce**

Kumarar

# **Leveraging Technology to Inspire Healthy Living**

Hazv

# **Inspiring Our People**

Shrutika, Nimrta, Jalaludin, Ainul, Daniel, Melissa, Emily, Effandy

